



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

1. Committee I.D. Number <div style="font-size: 1.5em; font-family: cursive;">139347</div>		3. This Statement covers From: <u>4/4/16</u> to <u>7/17/2016</u>	
2. Committee Name <div style="font-size: 1.2em; font-family: cursive;">CTE LYNN M. WILHELM</div>		4. Candidate Last Name First Name M.I. <div style="font-size: 1.2em; font-family: cursive;">WILHELM LYNN M</div> 4a. Office Sought Including District # or Community Served (If applicable) <div style="font-size: 1.2em; font-family: cursive;">TRUSTEE, SHELBY TWP, MI</div> 4b. County of Residence <u>MACOMB</u>	
5. Committee's Mailing Address <div style="font-size: 1.2em; font-family: cursive;">53217 GARLAND SHELBY TWP, MI 48316</div> Area Code and Phone <u>248.390.4952</u> <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>		6. Treasurer's Name & Residential Address <div style="font-size: 1.2em; font-family: cursive;">JULIANNE SEEDORF 43639 HOP TREE STERLING HTS, MI</div> Area Code & Phone <u>248 764 0369</u>	
7. Treasurer's Business Address <div style="font-size: 1.2em; font-family: cursive;">MEEMIC INSURANCE 1685 N. OPDYKE AUBURN HTS, MI 48326</div> Area Code and Phone _____		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <div style="font-size: 1.2em; font-family: cursive;">JULIANNE SEEDORF</div> Area Code and Phone _____	

FILED
16 JUL 22 AM 10:29
SHELBY COUNTY CLERK
MT. CLEMENS, MICHIGAN

9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <div style="font-size: 1.2em; font-family: cursive;">AUGUST 2, 2016</div>	Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	9e. Dissolution of Candidate Committee <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby 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.
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10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper	JULIANNE SEEDORF	Signature	[Signature]	Date	7/21/2016
Candidate	LYNN M. WILHELM	Signature	[Signature]	Date	7/21/2016



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139 347
2. Committee Name CTE LYNN M. WILHELM

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>10,005.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>10,005.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	_____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>10,005.00</u>	(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			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>10,724.17</u>	
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.) \$	<u>10,724.17</u>	(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 by the Committee (Schedule 1E)	(12a.) \$	_____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>719.17</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>10,005.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>10,005.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>10,724.17</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>(719.17)</u>	



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139347
2. Committee Name CTE 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 <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>4-8-16</u> Name & Address: <u>SAMUEL E. MARILYN SCLAFANI</u> <u>2962 KINGSVIEW LN</u> <u>SHELBY TWP, MI 48316</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	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-21-16</u> Name & Address: <u>VESNA ZDRAVOSKI</u> <u>46387 ROCKFORD DR</u> <u>SHELBY TWP, MI 48315</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	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/21/16</u> Name & Address: <u>NANCY SCHMIDT</u> <u>5034 HAMPSHIRE DR.</u> <u>SHELBY TWP, MI 48316</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	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/11/16</u> Name & Address: <u>SANDRA WOITOWICZ</u> <u>6143 SEVEN LAKES DR</u> <u>WASHINGTON, MI 48096</u>		\$ <u>50.00</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		Click Here for Memo Itemization	

Page Subtotal

350.00

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

139347

2. Committee Name

CTE 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

4/13/16

Name & Address:

KEVIN VANDESTEENE (MELISSA)
42310 PARKSIDE CIR #112
STERLING HTS, MI 48314

\$ 25.00

\$

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

4/21/16

Name & Address:

FAZLULLAH & MAZHAR KHAN
5238 WINDMILL DR
TROY, MI 48065

\$ 1000.00

\$

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

4.2-16

Name & Address:

RON & CHERYL SM
47339 ROYAL RD
MACOMB, MI 48044

\$ 25.00

\$

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

4/14/16

Name & Address:

LINDSAY CALCATERRA
51611 HALE LANE
CHESTERFIELD, MI 48051

\$ 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

Page Subtotal

1100

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 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 3/27/16

Name & Address:

PAT MORRISON
1857 TREY BORNE CIR
COMMERCE TWP, MI 48340

\$ 100⁰⁰

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 4/21/16

Name & Address:

CENTRE COURT PROPERTIES
19500 HALL RD STE 200
CLINTON TWP, MI 48038

\$ 500⁰⁰

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 ~~10000~~ 4/29/16

Name & Address:

CHARLES BAUMGARTNER (TRACEY)
37266 GARFIELD
FRASER, MI 48026

\$ 100⁰⁰

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 4/20/16

Name & Address:

CLAUDIA DAUDE LEMAN
1075 FOUNTAIN DR
TROY, MI 48098

\$ 100⁰⁰

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

800⁰⁰

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 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 <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>4/11/16</u> Name & Address: <u>MICHAEL CHIRCO</u> <u>4660 BOMED PLNK STE 5</u> <u>MACOMB, MI 48044</u>		\$ <u>200⁰⁰</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>4/18/16</u> Name & Address: <u>JOSEPH CARADONNA</u> <u>6424 ACADEMY</u> <u>WASHINGTON TWP, MI 48094</u>		\$ <u>200⁰⁰</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>4/14/16</u> Name & Address: <u>RIZZO ENVIRONMENTAL</u> <u>6200 ELMRIDGE</u> <u>STERLING HTS, MI 48313</u>		\$ <u>500⁰⁰</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>4-21-16</u> Name & Address: <u>LEO & SALLY SAVOIE</u> <u>3683 S. MILLER WAY</u> <u>BLMFLD HTS, MI 48301</u>		\$ <u>500⁰⁰</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

1400

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 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 <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>4/20/16</u> Name & Address: <u>VICTOR L. ROSE GOINAS</u> <u>14523 BOURNEMOUTH</u> <u>SHELBY TWP, MI. 48315</u>		\$ <u>200.00</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>5/8/2016</u> Name & Address: <u>GREG & JEAN CASTLE</u> <u>21304 SIENNA DR</u> <u>MACOMB, MI 48044</u>		\$ <u>50.00</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		Click Here for Memo Itemization <input type="button" value=""/>	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/23/16</u> Name & Address: <u>SUSAN HEIRMAN</u> <u>2175 SANDLEWOOD</u> <u>SHELBY TWP, MI 48315</u>		\$ <u>150.00</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		Click Here for Memo Itemization <input type="button" value=""/>	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/21/16</u> Name & Address: <u>DEBRA ALLEN</u> <u>668 N MAIN APT 202</u> <u>ROCHESTER, MI 48307</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=""/>	

Page Subtotal

500

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 139347
2. Committee Name CTE 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 <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>4/21/16</u> Name & Address: <u>WADE TOMLINSON</u> <u>120 LENA HL DR</u> <u>LEONARD, MI 48367</u>		\$ <u>200⁰⁰</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/15/16</u> Name & Address: <u>GREGORY IACOBELLI</u> <u>53639 CHRISTY DR.</u> <u>CHESTER FLD, MI 48051</u>		\$ <u>200⁰⁰</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/21/16</u> Name & Address: <u>MARK THURBER</u> <u>2496 CANDEAL</u> <u>LAKE ORION, MI 48360</u>		\$ <u>200⁰⁰</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/21/16</u> Name & Address: <u>FRED P. WILHELM</u> <u>3436 CLEVELAND</u> <u>TROU, MI 48083</u>		\$ <u>100⁰⁰</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

700⁰⁰

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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139347
2. Committee Name CTE 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 <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>3/28/16</u> Name & Address: <u>JAMES DAVID BERRYMAN</u> <u>7563 RIDGE VALLEY DR.</u> <u>CLARKSTON, MI 48348</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	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/21/16</u> Name & Address: <u>JULIANNE SEEDORF</u> <u>43639 HOPTREE</u> <u>STERLING HTS, MI 48314</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	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/22/16</u> Name & Address: <u>PHILIP RUGGERI</u> <u>55764 ST. REGIS</u> <u>SHELBY TWP, MI 48315</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	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/20/16</u> Name & Address: <u>BARBARA SHIPP CLARK</u> <u>2990 DANA POINTE</u> <u>PINCKNEY, MI 48169</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	

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.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139347
2. Committee Name CTE 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 4/12/16

Name & Address:

DINO MORELLI
22607 COLTEVILLE
ST. CLAIR SHORES, MI 48081

\$ 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 4/14/16

Name & Address

FRANK & BEVERLY RAINKO
53722 HILLSIDE DR
SHELBY TWP, MI 48316

\$ 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 4/21/16

Name & Address:

SUSANNE F. DICKER
2846 ALISON DR #205
TROY, MI 48064

\$ 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 #4 PAC Receipt? ☐ YES 4. Date of Receipt 4/21/16

Name & Address

MARGARET KLEIN
14628 TALBOT
WARREN, MI 48088

\$ 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)

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 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 4/20/16

Name & Address:

KIMBERLY ZILKA BERKAL
99 CRESCENT
LAKE ORION, MI 48362

\$ 250.00 \$

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 4/21/16

Name & Address

FRANK BERGER (STONEISCAPE)
4454 22 MILE RD
UTICA, 48317

\$ 200 \$

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 4/11/16

Name & Address:

CHERYL STEINHURST
55161 SHELBY RD.
SHELBY TWP, MI 48316

\$ 200.00 \$

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 4/12/16

Name & Address

GARY PATRIZE
PO BOX 6001
ST. CLAIR SHORES, MI 48080

\$ 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

750.00

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 139347
2. Committee Name CTE 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 4-21-16

Name & Address:

EUGENE D'AGOSTINI
38700 VANDYKE STE 200
STERLING HTS, MI 48312

\$ 200⁰⁰ \$

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 4-21-16

Name & Address

SHELLIE MEDICI
4364 SUMMER PL
SHELBY TWP, MI 48316

\$ 200⁰⁰ \$

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 4-8-16

Name & Address:

JOHN FULKERTH
7149 RIVERBEND CT
WASHINGTON, MI 48094

\$ 200⁰⁰ \$

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 _____

Name & Address

ANTHONY CLIMANDO
61510 HUNTINGTON CIRCLE
WASHINGTON, MI 48094

\$ 200⁰⁰ \$

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

800⁰⁰

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 139347
2. Committee Name CTE 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 <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>4/15/16</u> Name & Address: <u>LOUIS STRAMAGLIA</u> <u>3202 AUBURN RD</u> <u>SHELBY TWP, MI 48317</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	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4-14-16</u> Name & Address: <u>BETTY BRIGHT</u> <u>6257 TELEGRAPH RD APT 230</u> <u>BLMFLD HLS, MI 48301</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	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/21/16</u> Name & Address: <u>VERA VUKSANI</u> <u>54349 JEFFERY</u> <u>MACOMB, MI 48042</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	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/21/16</u> Name & Address: <u>MICHAEL FLYNN</u> <u>TRACY MURRAY</u> <u>54089 RIENAS LN</u> <u>SHELBY TWP, MI 48315</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	

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.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

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 <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>4/16/16</u> Name & Address: <u>LINDA HESS</u> <u>39471 PRENTISS</u> <u>HARRISON TWP, MI 48045</u>		\$ <u>50⁰⁰</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>4/15/16</u> Name & Address: <u>LORRAINE SCHULTZ</u> <u>1725 TIVERTON UNIT 2</u> <u>BLOOMFIELD, MI 48304</u>		\$ <u>200⁰⁰</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>4/20/16</u> Name & Address: <u>KATHLEEN & FRED WILHELM</u> <u>37760 BAILEMAN</u> <u>HARRISON TWP, MI 48316</u>		\$ <u>200⁰⁰</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>4/21/16</u> Name & Address: <u>STEPHEN SCHMIDT</u> <u>53217 GARLAND</u> <u>SHELBY TWP, MI 48316</u>		\$ <u>1000⁰⁰</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		Click Here for Memo Itemization <input type="button" value="v"/>	

Page Subtotal

1450⁰⁰

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 _____
2. Committee Name Committee To Elect John Smith

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>4/21/16</u></p> <p>Name & Address: <u>LYNN M. WILHELM</u> <u>53217 GALLAND</u> <u>SHELBY TWP, MI</u></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>1000.00</u>	\$ _____
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name & Address _____</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>		\$ _____	\$ _____
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name & Address _____</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>		\$ _____	\$ _____
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name & Address _____</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

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

1000.00

10050.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number

139347

2. Committee Name

CTE LYNN M. WILHELM

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<p>Expenditure #1</p> <p>Name <u>PRECISION SIGNZ</u></p> <p>Address <u>6125 VALLEY DR</u> <u>BETTENDORF, IA</u> <u>52722</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>SIGNS/STANDS</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>6/16/16</u></p> <p>Date</p>	<p><u>\$ 549.00</u></p>
<p>Expenditure #2</p> <p>Name <u>NATASHA FARKAS</u></p> <p>Address <u>13900 CAMELOT DR #6</u> <u>STERLING HTS, MI 48312</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>WALKING CARDS</u> <u>LITERATURE</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>5/25/16</u></p> <p>Date</p>	<p><u>\$ 829.00</u></p>
<p>Expenditure #3</p> <p>Name <u>PHILIP TURNER</u></p> <p>Address <u>46857 CHALLENGE CROSS</u> <u>SHELBY TWP, MI 48317</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>CAMPEN DESIGN</u> <u>GRAPHICS</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>5/17/16</u></p> <p>Date</p>	<p><u>\$ 258.00</u></p>
<p>Expenditure #4</p> <p>Name <u>BIGHEAD STUDIO</u></p> <p>Address <u>24343 HARRISON ST</u> <u>CLINTON TWP, MI 48035</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>GRAPHIC DESIGN</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>5/24/16</u></p> <p>Date</p>	<p><u>\$ 50.00</u></p>
<p>Expenditure #5</p> <p>Name <u>CHERRY CREEK GOLF CLUB</u></p> <p>Address <u>52000 CHERRY CR DR</u> <u>SHELBY TWP 48316</u></p> <p><input checked="" type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>FUNDRAISER</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>4/12/16</u></p> <p>Date</p>	<p><u>\$ 2226.00</u></p>

Subtotal this page

3904.00

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

139347

2. Committee Name

CTE LYNN M. WILHELM

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>GRAPHICS EAST</u> Address <u>16005 STURGEON</u> <u>ROSEVILLE, MI 48066</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SIGNAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/30/16</u> Date	\$ <u>1573.63</u>
Expenditure #2 Name <u>DOLLARS INSIDE MAG</u> Address <u>16950 19 MILE RD #1A</u> <u>CLINTON TWP, MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/29</u> Date	\$ <u>275.00</u>
Expenditure #3 Name <u>ELT PRINTING SOLUTIONS</u> Address <u>32031 TOWNLEY</u> <u>MADISON HTS, MI 48071</u> <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>7/5/16</u> Date	\$ <u>800.00</u>
Expenditure #4 Name <u>PRECISION SIGNS</u> Address <u>6125 VALLEY DR</u> <u>BETTENDORF, IA 52722</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SIGNS/STANDS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/16/16</u> Date	\$ <u>134.00</u>
Expenditure #5 Name <u>PRACTICAL POLITICS</u> <u>CONSULTING, INC</u> Address <u>920 N WASHINGTON</u> <u>LANSING, MI 48906</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LISTS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/9/16</u> Date	\$ <u>591.00</u>

Subtotal this page

3373.63

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

139347

2. Committee Name

CTE LYNN M. WILHELM

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>C4G PUBLISHING</u> Address <u>13050 11 MILE RD</u> <u>WARREN, MI 48089</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/8/16</u> Date	<u>\$ 328.37</u>
Expenditure #2 Name <u>EGT PRINTING SOLUTIONS</u> Address <u>32031 TOWNLEY</u> <u>MADISON HTS, MI 48071</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/7/16</u> Date	<u>\$ 318.17</u>
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page

3446.54

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

10724.17

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>APRIL 21, 2016</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>94</u>	5. Type of Fund Raising Activity <u>COCKTAIL RECEPTION</u>	6. Address and Name (If any) of the place where the activity was held. <u>CHERRY CREEK</u> <u>52000 CHERRY CREEK</u> <u>SHELBY, TWP</u> <input type="checkbox"/> Private Residence <u>48316</u>
-------------------------------------------------	--------------------------------------------------------------------------------------------	-------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

7. Total Contributions \$ 7700.00

8. Other Receipts _____

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

10. Total Cost of Event \$ 2226.00
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-1K), 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.