



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.

3. This Statement covers From: 10/24/16 to 11/28/16

1. Committee I.D. Number

138079

4. Candidate Last Name

Pearl

First Name

Kenneth

M.I.

A

4a. Office Sought Including District # or Community Served (If applicable)

Clinton Township Trustee

4b. County of Residence **MACOMB**

5. Committee's Mailing Address

**38316 Santa Barbara
Clinton Township, MI 48036**

6. Treasurer's Name & Residential Address

**Kenneth Pearl
38316 Santa Barbara
Clinton Township, MI 48036**

Area Code and Phone **(586) 465-8641**

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.

Area Code & Phone **(586) 465-8641**

7. Treasurer's Business Address

Same

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone

Area Code and Phone

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary

☒ General

☐ Convention

☐ Special

☐ School

☐ Caucus

Required ONLY if candidate is not on the ballot for the current year:

☐ July Quarterly

☐ October Quarterly

9c. ☐ Annual Statement () Coverage Year

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

Date of Election, Convention or Caucus

11/08/16

9e. Dissolution of Candidate Committee

☐ 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.

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

Kenneth Pearl

Designated Record keeper

Type or Print Name

Signature

Date

12/05/16

Candidate

Kenneth Pearl

Type or Print Name

Signature

Date

12/05/16



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138079

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Kenneth Pearl

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2,720.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$2,720.00</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>\$2,720.00</u>	(20.) \$ <u>\$41,545.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$1,200.00</u>	(21.) \$ <u>\$1,996.34</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$2,074.00</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>\$2,074.00</u>	(23.) \$ <u>\$39,852.56</u>
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.) \$ <u>\$10,296.34</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$1,167.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$2,720.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$3,887.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$2,074.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$1,813.00</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1380792. Committee Name CTE Kenneth Pearl

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/16</u>	
Name & Address: Scott Chabot 41605 Lexington Clinton Township, MI 48038		\$ <u>200.00</u>	\$ <u>1600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>Giffels Webster Engineering</u> Business Address <u>6303 26 Mile Rd. Suite 100 Washington Township, MI 48094</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value=""/>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/16</u>	
Name & Address: George Sobah 37737 Santa Barbara Clinton Township, MI 48036		\$ <u>40.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value=""/>	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/16</u>	
Name & Address: Richard Doran 20895 S. Miles Clinton Township, MI 48036		\$ <u>40.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Shoreville Electric</u> Business Address <u>37839 Groesbeck Clinton Township, MI 48036</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value=""/>	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/16</u>	
Name & Address: Vito Strolis 205 North Gratiot Mt. Clemens, MI 48043		\$ <u>200.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Ruehle's</u> Business Address <u>205 North Gratiot Mt. Clemens, MI 48043</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value=""/>	

Page Subtotal **\$480.00**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 138079

2. Committee Name CTE Kenneth Pearl

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>10/26/16</u>	
Name & Address: Roy Rose 55620 Woodridge Dr. Shelby Township, MI 48316		\$ <u>50.00</u>	\$ <u>370.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>Anderson, Eckstein & Westrick, Inc.</u> Business Address <u>51301 Schoenherr Road Shelby Township, MI 48315</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/16</u>	
Name & Address: Leo Lalonde 24801 Rosalind Eastpointe, MI 48021		\$ <u>100.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/16</u>	
Name & Address: Denise Aquino 16940 Franziska Macomb, MI 48044		\$ <u>80.00</u>	\$ <u>240.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>School Board Member</u> Employer <u>Chippewa Valley Schools</u> Business Address <u>19120 Cass Ave. Clinton Township, MI 48038</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/16</u>	
Name & Address: Peter Peacock 10 S. Main Mt. Clemens, MI 48043		\$ <u>80.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>10 S. Main Mt. Clemens, MI 48043</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$310.00**

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 138079
2. Committee Name CTE Kenneth Pearl

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/16</u>	
Name & Address: Dr. Stephen Swetech 43868 Scoter Ln. Clinton Township, MI 48038		\$ <u>40.00</u>	\$ <u>170.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Physician</u> Employer <u>Self</u> Business Address <u>43600 Garfield Rd. Clinton Township, MI 48038</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/16</u>	
Name & Address: Rick Flynn 43225 Chardonnay Dr. Sterling Heights, MI 48314		\$ <u>100.00</u>	\$ <u>390.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/16</u>	
Name & Address: Carolyn Dorian 35900 Gratiot Clinton Township, MI 48035		\$ <u>200.00</u>	\$ <u>860.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Dorian Ford</u> Business Address <u>35900 Gratiot Clinton Township, MI 48035</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/26/16</u>	
Name & Address: Andy Patzert 21175 Harrington Clinton Township, MI 48036		\$ <u>150.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$490.00**

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

Enter this total on
line 3a of Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 138079
2. Committee Name CTE Kenneth Pearl

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/29/16</u>	
Name & Address: Jeff Heaphy 6202 Memorial Dr. Dublin, OH 43017		\$ <u>80.00</u>	\$ <u>80.00</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>10/29/16</u>	
Name & Address: Ron Syme, Jr. 38690 Long Harrison Township, MI 48045		\$ <u>40.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Architect</u> Employer <u>Wakely Associates, Inc.</u> Business Address <u>30500 Van Dyke Warren, MI 48093</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/29/16</u>	
Name & Address: Edward A Bruley 38157 Radde St. Clinton Township, MI 48036		\$ <u>40.00</u>	\$ <u>40.00</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>10/29/16</u>	
Name & Address: Laura Cardamone 17187 Canvasback Clinton Township, MI 48038		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$210.00**

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

Enter this total on
line 3a of Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138079

2. Committee Name CTE Kenneth Pearl

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>11/03/16</u>	
Name & Address: Clinton Township Firefighters PAC 43601 Romeo Plank Rd. Clinton Township, MI 48038		\$ <u>200.00</u>	\$ <u>950.00</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>11/03/16</u>	
Name & Address: Philip P. Ruggeri 55764 St. Regis Shelby Township, MI 48315		\$ <u>80.00</u>	\$ <u>430.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Philip P. Ruggeri and Assoc., P.C.</u> Business Address <u>43231 Schoenherr Sterling Heights, MI 48313</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/03/16</u>	
Name & Address: Kenneth Debeaussaert 39856 Brylor Court Clinton Township, MI 48038		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/03/16</u>	
Name & Address: Lawrence M. Schulte P.O. Box 481 Lexington, MI 48450		\$ <u>50.00</u>	\$ <u>140.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Chippewa Valley Schools</u> Business Address <u>19120 Cass Clinton Township, MI 48038</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$380.00**

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 138079
2. Committee Name CTE Kenneth Pearl

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/03/16</u>	
Name & Address: <u>Tom Mill</u> <u>38578 Gainsborough</u> <u>Clinton Township, MI 48038</u>		\$ <u>100.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Instructor</u> Employer <u>Macomb Community College</u> Business Address <u>44575 Garfield Clinton Township, MI 48038</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/03/16</u>	
Name & Address: <u>CTE Steven Bieda Senator</u> <u>P.O. Box 1311</u> <u>Warren, MI 48090</u>		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/03/16</u>	
Name & Address: <u>Kolby C Miller</u> <u>1919 Hartland Woods Dr.</u> <u>Howell, MI 48843</u>		\$ <u>50.00</u>	\$ <u>310.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>Medstar Ambulance Service</u> Business Address <u>380 N Gratiot Ave Clinton Township, MI 48036</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/05/16</u>	
Name & Address: <u>Judith L. Strong</u> <u>20054 15 Mile Rd.</u> <u>Clinton Township, MI 48035</u>		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization <input type="button" value="v"/>	

Page Subtotal \$230.00

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

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line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 138079
2. Committee Name CTE Kenneth Pearl

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/05/16</u>	
Name & Address: <u>Patricia A. Harris</u> <u>15863 Kingston Dr.</u> <u>Fraser, MI 48026</u>		\$ <u>40.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____		Click Here for Memo Itemization <input type="checkbox"/>	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/14/16</u>	
Name & Address: <u>Joseph Paluzzi III</u> <u>27085 Gratiot Suite 100</u> <u>Roseville, MI 48066</u>		\$ <u>80.00</u>	\$ <u>340.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Michigan Home Builders</u>		Click Here for Memo Itemization <input type="checkbox"/>	
Business Address <u>27085 Gratiot Suite 100 Roseville, MI 48066</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>11/14/16</u>	
Name & Address: <u>Kenneth A Pearl</u> <u>38316 Santa Barbara</u> <u>Clinton Township, MI 48036</u>		\$ <u>500.00</u>	\$ <u>9500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Director of Operations</u> Employer <u>Slatkin Corporation</u>		Click Here for Memo Itemization <input type="checkbox"/>	
Business Address <u>4111 Andover Rd. Suite 125 Bloomfield Hills, MI 48302</u>			
Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization <input type="checkbox"/>	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **\$620.00**

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

\$2,720.00

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **138079**

2. Committee Name **CTE Kenneth Pearl**

CANDIDATE COMMITTEE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
--	---	--------------------------------------	--

Contribution # 1 PAC Receipt? ☐ Yes
Name & Address:

Joe Oram
2187 Orchard Lake Rd Ste 102
West Bloomfield, MI 48320

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

Employer Name & Business Address:

5 Star Outdoor
2187 Orchard Lake Rd Ste 102
West Bloomfield, MI 48320

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☒ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description **Display Advertising**

5. Date Of Receipt: **10/25/16**

6. Vendor Name & Address:
2187 Orchard Lake Rd Ste 102
West Bloomfield, MI 48320

[Click Here for Memo Itemization](#)

\$ **1200.00** \$ **1200.00**

☐ Fund Raiser Contribution

Contribution # 2 PAC Receipt? ☐ Yes
Name & Address:

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

Employer Name & Address:

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description

5. Date Of Receipt:

6. Vendor Name & Address:

[Click Here for Memo Itemization](#)

☐ Fund Raiser Contribution

Contribution #3 PAC Receipt? ☐ Yes
Name & Address:

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

Employer Name & Address:

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description

5. Date Of Receipt:

6. Vendor Name & Address:

[Click Here for Memo Itemization](#)

☐ Fund Raiser Contribution

Page Subtotal **\$1,200.00**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$1,200.00**

Enter this total
on line 6 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number **138079**

2. Committee Name **CTE Kenneth Pearl**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name US Postmaster Address 155 S Main St. Mt. Clemens, MI 48046 <input type="checkbox"/> Fund Raiser	Purpose: Postage <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/26/16 Date	\$ 476.00 Click Here for Memo Itemization Type
Expenditure #2 Name Fern Hill Golf Club Address 17600 Clinton River Rd. Clinton Township, MI 48038 <input checked="" type="checkbox"/> Fund Raiser	Purpose: Food for fund raiser <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/26/16 Date	\$ 600.00 Click Here for Memo Itemization Type
Expenditure #3 Name Wiseguys Bar & Grill Address 37208 Harper Ave Clinton Township, MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: Election Night Party <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/08/16 Date	\$ 100.00 Click Here for Memo Itemization Type
Expenditure #4 Name C&G Publishing Address 13650 11 Mile Rd. Warren, MI 48089 <input type="checkbox"/> Fund Raiser	Purpose: Newspaper Ad <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/10/16 Date	\$ 621.00 Click Here for Memo Itemization Type
Expenditure #5 Name Italian Tribune Address P.O. Box 380407 Clinton Township, MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: Newspaper Ad <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/10/16 Date	\$ 277.00 Click Here for Memo Itemization Type
Subtotal this page			\$2,074.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$2,074.00

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138079

2. Committee Name CTE Kenneth Pearl

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Kenneth Pearl 38316 Santa Barbara Clinton Township, MI 48036	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>09/09/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 6,000.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>6,000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Kenneth Pearl 38316 Santa Barbara Clinton Township, MI 48036	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>09/27/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,000.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>1,000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Kenneth Pearl 38316 Santa Barbara Clinton Township, MI 48036	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>09/30/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2,000.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>2,000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

\$9,000.00

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

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 123456-7
2. Committee Name Committee To Elect John Smith

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Kenneth Pearl 38316 Santa Barbara Clinton Township, MI 48036	4. Type: <u>in-kind contribution</u> 5. <u>Date Debt Was Incurred:</u> <u>09/22/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 116.34</u>	\$ \$ \$ \$ \$	\$	\$ <u>116.34</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Kenneth Pearl 38316 Santa Barbara Clinton Township, MI 48036	4. Type: <u>in-kind contribution</u> 5. <u>Date Debt Was Incurred:</u> <u>09/30/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 680.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>680.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Kenneth Pearl 38316 Santa Barbara Clinton Township, MI 48036	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>11/14/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 500.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>500.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$1,296.34**

Grand Total of all Schedules 1E **\$10,296.34**
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138079

2. Committee Name CTE Kenneth Pearl

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>10/26/16</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>46</u>	5. Type of Fund Raising Activity <u>Fall Fund Raiser</u>	6. Address and Name (if any) of the place where the activity was held. <u>Fern Hill Golf Club</u> <u>17600 Clinton River Road</u> <u>Clinton Township, MI 48038</u> <input type="checkbox"/> Private Residence
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7. Total Contributions \$2,220.00

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) \$2,220.00

10. Total Cost of Event \$600.00

(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.