



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

139276

4. Candidate Last Name

Keys

First Name

Mike

M.I.

V

2. Committee Name

Friends of Mike Keys

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

4b. County of Residence **MACOMB**

5. Committee's Mailing Address

**P.O. Box 381284
Clinton Twp., MI 48038**

Area Code and Phone (586) 925-9797
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.

6. Treasurer's Name & Residential Address

**Annette Russell
20943 Lantz
Clinton Twp., MI 48035**

Area Code & Phone (586) 209-6592

7. Treasurer's Business Address

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

Date of Election, Convention or Caucus

11/8/16

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.)

9e.

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper **Annette Russell**

Type or Print Name

Signature

Date

12/8/16
10/23/16

Candidate

Mike Keys

Type or Print Name

Signature

Date

12/8/16
10/23/16



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139276

2. Committee Name Friends of Mike Keys

**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>2,380.35</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>0</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>2,380.35</u>	(18.) \$ <u>14,502.47</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>0</u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>2,380.35</u>	(20.) \$ <u>14,502.47</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>396.90</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0</u>	(22.) \$ _____
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>811.68</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>811.68</u>	(23.) \$ <u>11,091.75</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>not applicable</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>not applicable</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>not applicable</u>	(24.) \$ <u>not applicable</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>238.17</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>0</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>1,842.05</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>2,380.35</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>4,222.40</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>1,051.91</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>3,410.72</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139276
2. Committee Name Friends of Mike Keys

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>10/19/16</u> Name & Address: Mary Vecellio 1741 High Meadows Blvd., Oakland, MI 48363		\$ <u>25.00</u>	\$ <u>25.00</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	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/19/16</u> Name & Address: William Sowerby 37860 Saddle Ln, Clinton Township, MI 48036		\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Treasurer</u> Employer <u>Charter Township of Clinton</u> Business Address <u>40700 Romeo Plank Rd., Clinton Twp., MI 48038</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/19/16</u> Name & Address: Marna Beard 26733 S. River Rd., Harrison Twp., MI 48045		\$ <u>50.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/19/16</u> Name & Address: Lynne Bucciarelli 29345 Milton Ave, Madison Heights, MI 48071		\$ <u>25.00</u>	\$ <u>60.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$200.00**

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 139276
2. Committee Name Friends of Mike Keys

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>10/19/16</u>	
Name & Address: Jill Zech 19292 Scenic Harbor, Macomb, MI 48044		\$ <u>35.00</u>	\$ <u>35.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/19/16</u>	
Name & Address: Brenda Miskokomon 21109 Sharkey Street, Clinton Township, MI 48035		\$ <u>100.00</u>	\$ <u>300.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/19/16</u>	
Name & Address: William Sowerby 37860 Saddle Ln, Clinton Township, MI 48036		\$ <u>100.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Treasurer</u> Employer <u>Charter Township of Clinton</u> Business Address <u>40700 Romeo Plank Rd., Clinton Twp., MI 48038</u> Type of Contribution: <input checked="" 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>10/19/16</u>	
Name & Address: Dana Gire 37567 Radde St, Clinton Township, MI 48036		\$ <u>100.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$335.00**

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 139276

2. Committee Name Friends of Mike Keys

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 10/19/16

Name & Address:

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

\$ 35.00

\$ 70.00

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 10/19/16

Name & Address:

**Roger Heller 24082 Meadowbridge Dr, Clinton Township, MI
48035-3007**

\$ 35.00

\$ 140.00

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

[Click Here for Memo Itemization](#)

Occupation Retired Employer _____

Business Address _____

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/19/16

Name & Address:

Patricia Norris 35257 Jamestown Ct., Clinton Twp., MI 48035

\$ 35.00

\$ 35.00

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 10/19/16

Name & Address:

George Sobah 37737 Santa Barbara, Clinton Township, MI 48036

\$ 50.00

\$ 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

\$ 155.00

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 IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139276

2. Committee Name Friends of Mike Keys

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? <input type="checkbox"/> Yes Name & Address: Mike Keys 23482 Grandy St., Clinton Twp., MI 48035 If over \$100.00 cumulative, please provide: Occupation: Special Projects Coordinator Employer Name & Business Address: Macomb County 1 S Main St #9, Mt Clemens, MI 48043 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Postage</u> 5. Date Of Receipt: <u>09/22/16</u> 6. Vendor Name & Address: Mount Clemens Post Office 155 S. Main Mt. Clemens, MI 48046 Click Here for Memo Itemization	\$ <u>188.00</u> \$	
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Mike Keys 23482 Grandy St., Clinton Twp., MI 48035 If over \$100.00 cumulative, please provide: Occupation: Special Projects Coordinator Employer Name & Address: Macomb County 1 S Main St #9, Mt Clemens, MI 48043 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Ink</u> 5. Date Of Receipt: <u>10/01/16</u> 6. Vendor Name & Address: OfficeMax 33840 Gratiot Ave, Charter Twp of Clinton, MI 48035 Click Here for Memo Itemization	\$ <u>29.67</u> \$	
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Mike Keys 23482 Grandy St., Clinton Twp., MI 48035 If over \$100.00 cumulative, please provide: Occupation: Special Projects Coordinator Employer Name & Address: Macomb County 1 S Main St #9, Mt Clemens, MI 48043 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Fundraiser Food</u> 5. Date Of Receipt: <u>10/14/16</u> 6. Vendor Name & Address: Kuhnhenh Brewing South, 36000 Groesbeck Hwy, Charter Twp of Clinton, MI 48035 Click Here for Memo Itemization	\$ <u>15.75</u> \$	

Page Subtotal **\$233.42**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139276

CANDIDATE COMMITTEE

2. Committee Name Friends of Mike Keys

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? <input type="checkbox"/> Yes Name & Address: Mike Keys 23482 Grandy St., Clinton Twp., MI 48035 If over \$100.00 cumulative, please provide: Occupation: Special Projects Coordinator Employer Name & Business Address: Macomb County 1 S Main St #9, Mt Clemens, MI 48043 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description Fundraiser Food 5. Date Of Receipt: 10/14/16 6. Vendor Name & Address: Kuhnhenh Brewing South, 36000 Groesbeck Hwy, Charter Twp of Clinton, MI 48035 (Memo Itemization)	\$ 4.75 \$	
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Michele Keys 36458 Suffolk Clinton Twp., MI 48035 If over \$100.00 cumulative, please provide: Occupation: Slot Attendant Employer Name & Address: MGM Grand Detroit 1777 3rd Ave, Detroit, MI 48226 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description Glass/Painting Supplies 5. Date Of Receipt: 09/29/16 6. Vendor Name & Address: Michael's 32708 Gratiot Ave., Roseville, MI 48066 Click Here for Memo Itemization	\$ 39.90 \$	
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Michele Keys 36458 Suffolk Clinton Twp., MI 48035 If over \$100.00 cumulative, please provide: Occupation: Slot Attendant Employer Name & Address: MGM Grand Detroit 1777 3rd Ave, Detroit, MI 48226 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description Party Supplies 5. Date Of Receipt: 09/29/16 6. Vendor Name & Address: Dollar Tree 33818 Gratiot Ave, Charter Twp of Clinton, MI 48035 Click Here for Memo Itemization	\$ 22.20 \$	

Page Subtotal **\$66.85**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139276

CANDIDATE COMMITTEE

2. Committee Name Friends of Mike Keys

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? <input type="checkbox"/> Yes Name & Address: Michele Keys 36458 Suffolk Clinton Twp., MI 48035 If over \$100.00 cumulative, please provide: Occupation: Slot Attendant Employer Name & Business Address: MGM Grand Detroit 1777 3rd Ave, Detroit, MI 48226 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Fundraiser Food</u> 5. Date Of Receipt: <u>09/29/16</u> 6. Vendor Name & Address: Jimmy Johns 37119 South Gratiot Ave., Clinton Township MI, 48035 (Memo Itemization)	\$ <u>57.23</u> \$	
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Michele Keys 36458 Suffolk Clinton Twp., MI 48035 If over \$100.00 cumulative, please provide: Occupation: Slot Attendant Employer Name & Address: MGM Grand Detroit 1777 3rd Ave, Detroit, MI 48226 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Markers and Decorations</u> 5. Date Of Receipt: <u>09/29/16</u> 6. Vendor Name & Address: Michael's 32708 Gratiot Ave., Roseville, MI 48066 Click Here for Memo Itemization	\$ <u>10.80</u> \$	
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Michele Keys 36458 Suffolk Clinton Twp., MI 48035 If over \$100.00 cumulative, please provide: Occupation: Slot Attendant Employer Name & Address: MGM Grand Detroit 1777 3rd Ave, Detroit, MI 48226 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Painting Supplies</u> 5. Date Of Receipt: <u>09/29/16</u> 6. Vendor Name & Address: Dollar Tree 33818 Gratiot Ave, Charter Twp of Clinton, MI 48035 Click Here for Memo Itemization	\$ <u>28.60</u> \$	

Page Subtotal **\$96.63**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$396.90**

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139276

2. Committee Name Friends of Mike Keys

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>FreeStar Financial Credit Union</u> Address <u>37570 S Gratiot Ave, Charter Twp of Clinton, MI 48036</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>NON PROFIT - NON</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/31/16</u> Date	<u>\$ 1.00</u>
Expenditure #2 Name <u>USPS</u> Address <u>155 S Main St, Mt Clemens, MI 48046</u> <input checked="" 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>9/27/16</u> Date	<u>\$ 47.00</u>
Expenditure #3 Name <u>FreeStar Financial Credit Union</u> Address <u>37570 S Gratiot Ave, Charter Twp of Clinton, MI 48036</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>NON PROFIT - NON</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/30/16</u> Date	<u>\$ 1.00</u>
Expenditure #4 Name <u>USPS</u> Address <u>155 S Main St, Mt Clemens, MI 48046</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>10/5/16</u> Date	<u>\$ 75.20</u>
Expenditure #5 Name <u>Sawicki & Son, Inc.</u> Address <u>1521 W Lafayette Blvd, Detroit, MI 48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Yard Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/6/16</u> Date	<u>\$ 255.73</u>
Subtotal this page			379.93
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 139276

2. Committee Name Friends of Mike Keys

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Kuhnhehn Brewing Co LLC Address South, 36000 Groesbeck Hwy, Charter Twp of Clinton, MI 48035 <input checked="" type="checkbox"/> Fund Raiser	Purpose: Food and Tasting <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/17/14 Date	\$ 176.03
Expenditure #2 Name Sawicki & Son, Inc. Address 1521 W Lafayette Blvd, Detroit, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: Yard Signs <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/6/16 Date	\$ 255.72
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			431.75
Grand Total of all Schedules 1B (Complete on last page of Schedule)			811.68

Enter this total
on line 8a of
Summary Page