

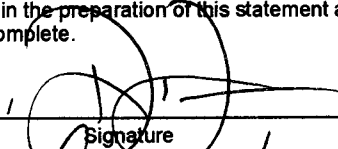



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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 139364 | | 3. This Statement covers From: August 23, 2016 to October 23, 2016 | |
| 2. Committee Name Committee to elect Cathy Kirk | | 4. Candidate Last Name Kirk First Name Catherine M.I. M 4a. Office Sought Including District # or Community Served (If applicable) Board Member - Local - Clinton Twp Trustee 4b. County of Residence MACOMB | |
| 5. Committee's Mailing Address 19500 Hall Rd, STE 100 Clinton Twp, MI 48036 Area Code and Phone _____ 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 Robert W. Kirk 37539 Hidden Valley Ct. Clinton Twp, MI 48036 Area Code & Phone _____ | |
| 7. Treasurer's Business Address 19500 Hall Rd STE 100 Clinton Twp, MI 48038 Area Code and Phone 586-412-4900 | | 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone _____ | |
| 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 type="checkbox"/> Primary <input checked="" 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 November 8, 2016 | | 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. <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. | |
| 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 Robert Kirk Type or Print Name | | Signature  Date 10/26/2016 | |
| Candidate Catherine Kirk Type or Print Name | | Signature  Date 10/26/2016 | |



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139364

2. Committee Name Committee To Elect Cathy Kirk

**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>14,100.00</u> | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ <u>NOT APPLICABLE</u> | |
| c. Subtotal of "Contributions" | (3c.) \$ <u>14,100.00</u> | (18.) \$ <u>14,100</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>14,100.00</u> | (20.) \$ <u>14,100</u> |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ <u>2158.29</u> | (21.) \$ <u>2,158.²⁹</u> |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ <u>0</u> | (22.) \$ <u>- 0 -</u> |
| EXPENDITURES | | |
| 8. Expenditures | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ <u>10,229.62</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>10,229.62</u> | (23.) \$ <u>10,229.⁶²</u> |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | |
| 10. Disbursements | | |
| a. Itemized (Schedule 1C, Column 6) | (10a.) \$ <u>0</u> | |
| b. Unitemized (less than \$50.01 each - no Schedule) | (10b.) \$ <u>0</u> | |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | (11.) \$ <u>0</u> | (24.) \$ <u>- 0 -</u> |
| DEBTS AND OBLIGATIONS | | |
| 12. Debts and Obligations | | |
| a. Owed by the Committee (Schedule 1E) | (12a.) \$ <u>0</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>0</u> | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + \$ <u>14,100.00</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = \$ <u>14,100.00</u> | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ <u>10,229.62</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ <u>3870.38</u> | |



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139364
2. Committee Name Committee To Elect Cathy Kirk

| 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>10/18/2016</u> Name & Address: <u>Wayne Webber</u> <u>49536 Goulette Point Dr.</u> <u>New Baltimore, MI 48047</u> | | \$ <u>500.00</u> | \$ <u>500-</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>The Weber Group</u> <u>49536 Goulette Point Dr., New Baltimore, MI 48047</u> 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>10/18/2016</u> Name & Address: <u>Amy P. Hathaway</u> <u>2000 Town Ctr StE 1490</u> <u>Southfield, MI 48075-1308</u> | | \$ <u>200.00</u> | \$ <u>200-</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> <u>2000 Town Center Set-1490</u> 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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/19/2016</u> Name & Address: <u>Paul Torres</u> <u>37230 Willow Lane</u> <u>Clinton Twp, MI 48036</u> | | \$ <u>200.00</u> | \$ <u>200-</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Moon Roof</u> <u>28135 Groesbeck, Roseville MI 48066</u> 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>9/19/2016</u> Name & Address: <u>Kristin Giacalone</u> <u>39283 W. Royal Doulton</u> <u>Clinton Twp, MI 48038-2671</u> | | \$ <u>100.00</u> | \$ <u>100-</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 1000.00

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 139364
2. Committee Name Committee To Elect Cathy Kirk

| 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>9/22/2016</u> | |
| Name & Address: <u>Quirino D'Alessandro</u> <u>125 SE TH CT</u> <u>Deerfield BCH, FL33441-4749</u> | | \$ <u>1000.00</u> | \$ <u>1,000 -</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Lanzo Construction</u> Business Address <u>28135 Groesbeck, Roseville Mi 48066</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 #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>9/28/2016</u> | |
| Name & Address: <u>CTE Cecil St. Pierre District 3</u> <u>32595 Sabrina Ct</u> <u>Warren, Mi 48093</u> | | \$ <u>100.00</u> | \$ <u>100 -</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Political Committee</u> Employer _____ Business Address <u>Van Dyke, Sterling Heights, MI 48314</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 # 3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>9/30/2016</u> | |
| Name & Address: <u>Mr. Ronald Estes</u> <u>3232 East Breckenridge Lane</u> <u>Bloomfield Township, MI 48301</u> | | \$ <u>100.00</u> | \$ <u>100.00</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Lawyer</u> Employer <u>Center Management Services</u> Business Address <u>34122 Woodward, Birmingham MI 48009</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>09/15/2016</u> | |
| Name & Address: <u>Tony Gallo</u> <u>6303 26 Mile Rd</u> <u>Washington MI 48094</u> | | \$ <u>200.00</u> | \$ <u>200 -</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Real Estate</u> Employer <u>Gallo Companies</u> Business Address <u>6303 26 mile Rd, Washington, MI 48094</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 | |

Page Subtotal \$1400.00

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 139364
2. Committee Name Committee To Elect Cathy Kirk

| 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>9/15/2016</u> | |
| Name & Address: Maria Grot 38966 Marlborough Sterling Heights, MI 48310 | | \$ 100.00 | \$ 100 - |
| 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>9/15/2016</u> | |
| Name & Address: Craig Wolanin 4891 Gallagher Rochester Hills, MI 48306 | | \$ 100.00 | \$ 100 - |
| 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>9/15/2016</u> | |
| Name & Address: Charles Reaume 11235 Embassy Ct Shelby Township, MI 48315 | | \$ 100.00 | \$ 100 - |
| 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>9/15/2016</u> | |
| Name & Address: Carl J. Marlinga 5228 Caraway Dr. Sterling Heights, MI 48314 | | \$ 100.00 | \$ 100 - |
| 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 \$400.00

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

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Page.



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|---|---|--------------------------------------|---|
| 3. Contribution # 1 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/15/2016</u> | |
| Name & Address: ✓ Susan Luch 347 Pine Ridge Dr. Bloomfield hills, MI | | \$ 100.00 | \$ 100 - |
| 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>09/15/2016</u> | |
| Name & Address: ✓ Paula Filar 5500-24 Mile Rd Shelby Twp, MI 48316 | | \$ 100.00 | \$ 100 - |
| 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>09/15/2016</u> | |
| Name & Address: ✓ Mark Plawecki 26736 Cecile Dearborn Heights, MI 48127 | | \$ 100.00 | \$ 100 - |
| 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>09/15/2016</u> | |
| Name & Address: ✓ Keith Cermak 14881 Stoney Brook Shelby Township, MI 48315 | | \$ 100.00 | \$ 100 - |
| 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 400.00

Grand Total of All Schedules 1A
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|---|---|--------------------------------------|---|
| 3. Contribution # 1 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/15/2016</u> | |
| Name & Address: Stan Grot 11927 Hiawatha Dr. Shelby Township, MI 48315 | | \$ 150.00 | \$ 150 - |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Township Clerk</u> Employer <u>Shelby Township</u> Business Address <u>11927 Hiawatha Dr, shelby Township, MI 48315</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 #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/15/2016</u> | |
| Name & Address: Frank Lalama 56841 Copperfield Dr. Shelby Township, MI 48316 | | \$ 100.00 | \$ 100 - |
| 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>09/15/2016</u> | |
| Name & Address: Domenica Dinello 12870 Honey Locust Dr. Shelby Township, MI 48315 | | \$ 100.00 | \$ 100 - |
| 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>09/15/2016</u> | |
| Name & Address: Kurt BroadBridge 45619 thorn Tree Lane Macomb, MI 48044 | | \$ 100.00 | \$ 100 - |
| 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 \$450.00

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 139364
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|--|---|--------------------------------------|---|
| 3. Contribution # 1 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/15/2016</u> | |
| Name & Address: Linda Torp 38870 Ryan Ct Harrison TWP, MI 48045 | | 100.00 \$ | \$ 100 - |
| 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>09/01/2016</u> | |
| Name & Address: Lawrence Scott 12900 Hall Rd Sterling Heights, MI 48313 | | 100.00 \$ | \$ 100 - |
| 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>09/01/2016</u> | |
| Name & Address: Anthony Fanelli 50466 Heatherwood Lane, Shelby Township, MI 48317 | | 100.00 \$ | \$ 100 - |
| 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>09/01/2016</u> | |
| Name & Address: Viktor GjonAJ 14523 BOURNEMUTH DR. SHELBY TWONSHIP , MI 48315 | | 200.00 \$ | \$ 200 - |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Reasl Etsate Broker</u> Employer <u>LandMark Real estate Service</u> Business Address <u>27995 Halsted Rd #150, Farmington Hills, MI 48331</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 | |

Page Subtotal \$500.00

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

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Page.



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|---|---|-------------------------------------|---|
| 3. Contribution # 1 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>9/15/2016</u> | |
| Name & Address: ✓ Vito K. Strolis 205 North Gratiot Mt. Clemens, MI 48043 | | \$ <u>200.00</u> | \$ <u>200 -</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Ruhles Towing</u> <u>205 North Gratiot, Mt. Clemens, MI 48043</u> 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>9/15/2016</u> | |
| Name & Address: ✓ Gregory Buss 12900 Hall Rd Sterling Heights, Mi 48313 | | \$ <u>200.00</u> | \$ <u>200 -</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Lawyer</u> Employer <u>self</u> 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>9/15/2016</u> | |
| Name & Address: ✓ Steve Mancini 37532 Hidden Valley Ct. Clinton Twp, MI 48036 | | \$ <u>200.00</u> | \$ <u>200 -</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Ric-man construction</u> <u>6850 19 mile rd. Sterling heights, MI 48314</u> 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>9/15/2016</u> | |
| Name & Address: ✓ CTE Stanley Grot 11927 Hiawatha Dr. Shelby Township, MI 48315 | | \$ <u>100.00</u> | \$ <u>100 -</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Political Committee</u> Employer <u>11927 Hiawatha Dr. Shelby Township, MI 48315-1244</u> 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 **\$700.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <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>09/14/2016</u> Name & Address: ✓ Guy Rizzo 65 Macomb Place Ste. F Mount Clemens, MI 48043 | 200.00 \$ | \$ 200 - |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Builder</u> Employer <u>GTR Companies</u> Click Here for Memo Itemization Business Address <u>65 Macomb Place Mi 48043</u> Type of Contribution: <input checked="" 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>09/14/206</u> Name & Address: ✓ Michael A. Chirco 46600 Romeo Plank Rd. Ste 5 Macomb MI 48044 | 100.00 \$ | \$ 100 - |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Developer/Builder</u> Employer <u>Chirco Homes</u> Click Here for Memo Itemization Business Address <u>46600 Romeo Plank Rd. Ste5, Macomb MI 48044</u> Type of Contribution: <input checked="" 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>09/14/2016</u> Name & Address: ✓ David Runyon 34901 Woodward, Birmingham MI 48009 | 100.00 \$ | \$ 100 - |
| 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 | | |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/14/2016</u> Name & Address: ✓ Frank Coppola 54620 Carnation Drive Macomb MI 48042 | 100.00 \$ | \$ 100 - |
| 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 | | |

Page Subtotal \$500.00

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 139364
2. Committee Name Committee To Elect Cathy Kirk

| 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>09/13/2016</u> | |
| Name & Address: ✓ Andrea Nocoella 37548 Hidden Valley Ct. Clinton Township, MI 48036 | | \$ <u>300.00</u> | \$ <u>300 -</u> |
| 5. If over \$100.00 cumulative, please provide: Homemaker 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>09/12/2016</u> | |
| Name & Address: ✓ CTE Peter J. Lucido 6303 26 Mile Rd. Ste 203 Washington, MI 48094 | | \$ <u>100.00</u> | \$ <u>100 -</u> |
| 5. If over \$100.00 cumulative, please provide: Political Committee 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>09/12/2016</u> | |
| Name & Address: ✓ Gino Morelli 22756 Macomb Industrial Drive Clinton Township, MI 48036 | | \$ <u>200.00</u> | \$ <u>200 -</u> |
| 5. If over \$100.00 cumulative, please provide: Builder self Occupation _____ Employer <u>self</u> Business Address <u>22756 macomb Industrial Drive, Clinton Twp, 48036</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>09/12/2016</u> | |
| Name & Address: ✓ Joseph Vicari 37523 Hidden Valley Ct. Clinton Township, MI 48036 | | \$ <u>150.00</u> | \$ <u>150 -</u> |
| 5. If over \$100.00 cumulative, please provide: Owner Andiamos Occupation _____ Employer <u>Andiamos</u> Business Address <u>7096 E. 14 mile RD, Warren MI 48092</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 | |

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 139364
2. Committee Name Committee To Elect Cathy Kirk

| 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>09/06/2016</u> | |
| Name & Address: Thomas Guastello 34129 Woodward Birmingham MI 48009 | | \$ 100.00 | \$ 100 - |
| 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>09/12/2016</u> | |
| Name & Address: CTE Kim Meltzer 20585 Leelanau Trail Clinton Township, MI 48038 | | \$ 100.00 | \$ 100 - |
| 5. If over \$100.00 cumulative, please provide: Political Committee 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>09/12/2016</u> | |
| Name & Address: Bruce Morris 13411 24 mile rd Shelby Township, MI 48315 | | \$ 200.00 | \$ 200 - |
| 5. If over \$100.00 cumulative, please provide: Insurance self Occupation _____ Employer _____ Business Address <u>22440 Hall 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>09/12/2016</u> | |
| Name & Address: Hank Riberas 6471 Metropolitan PKWY, Sterling Heights, MI 48312 | | \$ 200.00 | \$ 200 - |
| 5. If over \$100.00 cumulative, please provide: Manager Roncelli Occupation _____ Employer _____ Business Address <u>6471 Metropolitan Parkway, Sterling Heights MI 48312</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 | |

Page Subtotal 600.00

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 139364
2. Committee Name Committee To Elect Cathy Kirk

| 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>09/06/2016</u> Name & Address: ✓ Phil Riggio 37564 Hidden Valley Ct. Clinton Township, MI 48036 | | 200.00 \$ | \$ 200- |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Aunt Mids Produce Company</u> Business Address <u>7939 Lafayette Blvd. Detroit, MI 48209</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 #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/06/2016</u> Name & Address: ✓ Joseph Oram P.O. box 252755 West Bloomfield Hills, MI 48325 | | 500.00 \$ | \$ 500- |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>5 Star Outdoor</u> Business Address <u>p.o. box 252755 West Bloomfield Hills < mi 48325</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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/06/2016</u> Name & Address: ✓ Luciano Gianino 40258 Emerald Lane Clinton Township, Mi 48038 | | 100.00 \$ | \$ 100- |
| 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>09/06/2016</u> Name & Address: ✓ Alfredo Deflavio 19657 Ashley Ct. Livonia Mi 48152 | | 100.00 \$ | \$ 100- |
| 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 900.00

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

14,100-
Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139364
2. Committee Name Committee To Elect Cathy Kirk

| 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>09/01/2016</u> Name & Address: <u>Eugene C. Lovell</u> <u>24300 Little Mack</u> <u>st. Clair Shores, MI 48080</u> | 500.00 \$ <u>500.00</u> | \$ <u>500-</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>First State Bank</u> Business Address <u>23600 Greater Mack Ave, St, Clair shores, MI 48080</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 #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/06/2016</u> Name & Address: <u>Al Lahood</u> <u>20233 Mack Avenue</u> <u>Grosee Pte Woods, MI 48236</u> | 100.00 \$ <u>100.00</u> | \$ <u>100-</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Real Estate Investor</u> Employer <u>Self/Owner</u> Business Address <u>20233 Mack Avenue, Grosse Pte, Woods, MI 48236</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 #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/06/2016</u> Name & Address: <u>Roy Rose</u> <u>55620 Woodridge</u> <u>Shelby Township, MI 48316</u> | 100.00 \$ <u>100.00</u> | \$ <u>100-</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>09/06/2016</u> Name & Address: <u>Gordon b. Wilson</u> <u>49752 Compass point Dr.</u> <u>Chesterfield, mi 48047</u> | 100.00 \$ <u>100.00</u> | \$ <u>100-</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 800.00

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 139364
2. Committee Name Committee To Elect Cathy Kirk

| 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>09/12/2016</u> | |
| Name & Address: ✓ Frank S. Aragona 3321 Vineyard Hill Rochester Hills, MI 48306 | | \$ 100.00 | \$ 100 - |
| 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>09/12/2016</u> | |
| Name & Address: ✓ Michael A. Locricchio 38202 Saddle Lane Clinton Township, MI 48036 | | \$ 200.00 | \$ 200 - |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Accountant</u> Employer <u>Metzler, Locricchio Serra & cor</u> Business Address <u>1800 W. Big Beaver Rd. #100 Troy, MI 48084</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 # 3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>09/12/2016</u> | |
| Name & Address: ✓ Joseph Paluzzi III 399 Fisher Rd. Grosse Pointe MI 48210 | | \$ 250.00 | \$ 250 - |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>home builder</u> Employer <u>self</u> Business Address <u>399 Fisher Rd, Grosse Pte, MI 48210</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>09/12/2016</u> | |
| Name & Address: ✓ James George 19634 westchester Clinton Township, MI 48038 | | \$ 500.00 | \$ 500 - |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Developer</u> Employer <u>Delta Management</u> Business Address <u>45511 Market Street, Macomb MI 48315</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 | |

Page Subtotal \$1050.00

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 139364
2. Committee Name Committee To Elect Cathy Kirk

| 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>9/12/2016</u> Name & Address: <u>Annette Nucci</u> <u>37628 Hidden Valley Ct</u> <u>Clinton Twp, MI 48036-3669</u> | | 100.00 \$ | \$ <u>100 -</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>9/15/2016</u> Name & Address: <u>Rob Huth</u> <u>19500 Hall Rd, Ste100, Clinton Twp,48038</u> | | 500.00 \$ | \$ <u>500 -</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Lawyer</u> Employer <u>Kirk, Huth, Lange & Badalame</u> Business Address <u>19500 Hall Rd, Ste 100, 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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/15/2016</u> Name & Address: <u>Lawrence Campbell</u> <u>6690 VernMoor Dr</u> <u>Troy, MI 48098</u> | | 500.00 \$ | \$ <u>500 -</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Century 12 Campbell</u> Business Address <u>1186 E 12 Mile Rd. Madison Heights, 48071</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>9/15/2016</u> Name & Address: <u>Anthony Apone-4741 24 Mile rd, LLC</u> <u>51543 Van Dyke Ave</u> <u>Shelby Township, MI 48316</u> | | 250.00 \$ | \$ <u>250 -</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Real Estate Investor</u> Employer <u>Self</u> Business Address <u>4741 24 Mile rd, 51543 VanDyke Ave, Shelby Twp, MI</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 | |

Page Subtotal 1350.00

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 139364
2. Committee Name Committee To Elect Cathy Kirk

| 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>09/15/2016</u> Name & Address: <u>Rachael Badlamenta</u> <u>19500 Hall rd.</u> <u>Clinton Twp, MI 48036</u> | | \$ <u>500.00</u> | \$ <u>500 -</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Lawyer</u> Employer <u>Kirk, Huth Lange, Baldamenta</u> 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>09/01/2016</u> Name & Address: <u>John Russo</u> <u>37507 Hidden Valley ct.</u> <u>Clinton Twp. MI 48036</u> | | \$ <u>200.00</u> | \$ <u>200 -</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Auto Dealer</u> Employer <u>self</u> Business Address <u>4080 24th Avenue, Fort Gratiot Township, Mi 48059</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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/01/2016</u> Name & Address: <u>Rick Walkowiak</u> <u>20333 Hall Rd</u> <u>Macomb, MI 48044</u> | | \$ <u>200.00</u> | \$ <u>200 -</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>restaurant</u> Business Address <u>20333 Hall rd, Macomb MI 48044</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 _____ Name & Address _____ | | \$ _____ | \$ _____ |
| 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 type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal 900.00

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 139364
2. Committee Name Committee To Elect Cathy Kirk

| 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 checked="" type="checkbox"/> YES 4. Date of Receipt <u>09/12/2016</u> Name & Address: <u>Rizzo Environmental Services PAC</u> <u>6200 Elmridge</u> <u>Sterling Heights, MI 48313</u> | | 1,000.00 \$ <u>1,000.00</u> | <u>\$ 1,000-</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 <i>Returned - See Expenditures - IB</i> | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/12/2016</u> Name & Address: <u>Donna Hassig</u> <u>237 Church St.</u> <u>Mt. Clemens MI 48043</u> | | 200.00 \$ <u>200.00</u> | <u>\$ 200-</u> |
| 5. If over \$100.00 cumulative, please provide: Owner <u>Glitz & Ears</u> Occupation _____ Employer _____ Business Address <u>40817 Garfield, Clinton Twp, MI 48036</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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/12/2016</u> Name & Address: <u>Stephen H. Saph</u> <u>44 Macomb Place</u> <u>P.O. Box 46907</u> <u>Mt. Clemens</u> | | 100.00 \$ <u>100.00</u> | <u>\$ 100-</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Insurance Agent</u> Employer <u>Nickel & Saph</u> Business Address <u>44 Macomb Place</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>09/12/2016</u> Name & Address: <u>Phil Ruggeri</u> <u>55764 St. Regis</u> <u>Shelby Township, MI 48315</u> | | 100.00 \$ <u>100.00</u> | <u>\$ 100-</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 **\$1400.00**

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 139364
2. Committee Name Committee To Elect Cathy Kirk

| 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>08/19/2016</u> Name & Address: <u>Bob Kirk</u> <u>37539 Hidden Valley Ct.</u> <u>Clinton Twp, MI 48036</u> | | \$ <u>1000.00</u> | \$ <u>1,000 -</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Lawyer</u> Employer <u>self</u> Business Address <u>19500 Hall Rd, Ste 100 Clinton Twp MI</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 #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____ | | \$ _____ | \$ _____ |
| 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 type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____ | | \$ _____ | \$ _____ |
| 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 type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 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 _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal \$1000.00

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

\$12,400.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139364
2. Committee Name Committee To Elect Cathy Kirk

| 3. Name & Address From Whom Received | 4. Date of Receipt | 5. Type of Receipt | 6. Amount |
|--------------------------------------|-----------------------|---|-------------|
| Receipt #1 Name & Address: _____ | Date of Receipt _____ | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ | \$ <u>0</u> |
| <input type="checkbox"/> Fund Raiser | | | |
| Receipt #2 Name & Address: _____ | Date of Receipt _____ | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ | \$ _____ |
| <input type="checkbox"/> Fund Raiser | | | |
| Receipt #3 Name & Address: _____ | Date of Receipt _____ | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ | \$ _____ |
| <input type="checkbox"/> Fund Raiser | | | |
| Receipt #4 Name & Address: _____ | Date of Receipt _____ | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ | \$ _____ |
| <input type="checkbox"/> Fund Raiser | | | |
| Receipt #5 Name & Address: _____ | Date of Receipt _____ | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ | \$ _____ |
| <input type="checkbox"/> Fund Raiser | | | |
| Receipt #6 Name & Address: _____ | Date of Receipt _____ | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ | \$ _____ |
| <input type="checkbox"/> Fund Raiser | | | |
| Receipt #7 Name & Address: _____ | Date of Receipt _____ | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <small>Click for Memo Itemization Type</small> <input type="checkbox"/> Other (Specify) _____ | \$ _____ |
| <input type="checkbox"/> Fund Raiser | | | |

Page Subtotal 0

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

Enter this total on
line 4 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

139364

1. Committee I. D. Number _____
2. Committee Name Committee To Elect Cathy Kirk

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|--|-------------------------|---|
| Expenditure #1 Name <u>Younique Cards.com Inc</u> Address <u>42816 Willsharon</u> <u>Sterling Heights, Mi 48314</u> <input checked="" type="checkbox"/> Fund Raiser | Purpose: <u>printed tickets</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>8/18/20</u> Date | \$ <u>350.00</u> Click Here for Memo Itemization Type |
| Expenditure #2 Name <u>Barbara Bulic</u> Address <u>8400 Yardley #E</u> <u>Washington, Mi 48094</u> <input checked="" type="checkbox"/> Fund Raiser | Purpose: <u>Invitations/response cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>08/16/20</u> Date | \$ <u>50.00</u> Click Here for Memo Itemization Type |
| Expenditure #3 Name <u>Macomb County Clerk</u> Address <u>40 North Main Street</u> <u>Mt. Clemens MI 48041</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>filing fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/06/20</u> Date | \$ <u>70.00</u> Click Here for Memo Itemization Type |
| Expenditure #4 Name <u>Graphics East</u> Address <u>16005 Sturgeon St.</u> <u>Roseville, MI 48066</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Printing/Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/09/20</u> Date | \$ <u>1177.66</u> Click Here for Memo Itemization Type |
| Expenditure #5 Name <u>Villa Penna</u> Address <u>43985 Hayes Rd.</u> <u>Sterling Heights, MI 48313</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Fund Raiser food</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/14/20</u> Date | \$ <u>1371.10</u> Click Here for Memo Itemization Type |

Subtotal this page **3018.76**

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**

139364

1. Committee I. D. Number _____
2. Committee Name Committee To Elect Cathy Kirk

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|---|-------------------------|-------------------|
| Expenditure #1 Name <u>younique Cards.com</u> Address <u>42816 Willsharon</u> <u>Sterling Heights, MI 48314</u> <input checked="" type="checkbox"/> Fund Raiser | Purpose: <u>Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/22/21</u> Date | \$ <u>75.00</u> |
| Expenditure #2 Name <u>C & G Newspapers</u> Address <u>13650 East 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>10/01/21</u> Date | \$ <u>389.00</u> |
| Expenditure #3 Name <u>G Tek Professional Services</u> Address <u>42888 Mound Rd.</u> <u>Sterling Heights, MI 48314</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/01/21</u> Date | \$ <u>2130.60</u> |
| Expenditure #4 Name <u>Clinton Township Goodfellows</u> Address <u>P.O. Box 380643</u> <u>Clinton Twp Mi 48038</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>09/19/21</u> Date | \$ <u>168.00</u> |
| Expenditure #5 Name <u>Graphics East Inc.</u> Address <u>16005 Surgeon St.</u> <u>Roseville, MI 48066</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>mailings</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/07/21</u> Date | \$ <u>2896.66</u> |

Subtotal this page **5659.26**

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**

139364

1. Committee I. D. Number _____
2. Committee Name Committee To Elect Cathy Kirk

| 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 inc</u> Address <u>16005 Sturgeon</u> <u>Roseville, Mi 48066</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Mailings</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/13/20</u> Date | \$ <u>551.60</u> |
| Expenditure #2 Name <u>Rizzo Environmental Services</u> Address <u>6200 Elmridge</u> <u>Sterling Heights, MI 48313</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>Returned Contribution</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/22/20</u> Date | \$ <u>1000.00</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 | | | \$1551.60 |
| Grand Total of all Schedules 1B (Complete on last page of Schedule) | | | <u>10,229.62</u> |

Enter this total
on line 8a of
Summary Page



ITEMIZED IN-KIND EXPENDITURES

**SCHEDULE 1B – IK
CANDIDATE COMMITTEE**

139364

1. Committee I. D. Number _____

2. Committee Name _____

Committee To Elect Cathy Kirk

| 3. Name and Address of person to whom goods or services were donated or transferred. | 4. Type of In-Kind Expenditure (Check appropriate box and fill in description) | 5. Date: | 6. Fair Market Value |
|--|--|--------------------|----------------------|
| Expenditure #1 Name & Address: Janice Nearon 22601 Lange St. Clair Shores, MI 48080 | <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input checked="" type="checkbox"/> Other | 10/17/2016 Date | 100.00 \$ |
| Description: Advertisement page in Lincoln dinner | | | |
| Expenditure #2 Name & Address: Bob Kirk 37539 Hidden Valley Ct Clinton Twp, Mi 48036 | <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input checked="" type="checkbox"/> Other | 08/25/2016 Date | 75.20 \$ |
| Description: postage | | | |
| Expenditure #3 Name & Address: Bob Kirk 37539 Hidden Valley Ct Clinton Twp, MI 48036 | <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input checked="" type="checkbox"/> Other | 06/27/2016 Date | 65.00 \$ |
| Description: Name Tags | | | |
| Expenditure #4 Name & Address: Bob Kirk 37539 Hidden Valley Ct Clinton Twp, Mi 48036 | <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input checked="" type="checkbox"/> Other | 07/09/2016 Date | 1634.19 \$ |
| Description: Jar openers | | | |
| Expenditure #5 Name & Address: Bob Kirk 37539 Hidden Valley Ct Clinton Twp, Mi 48036 | <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable institution <input type="checkbox"/> Donation of assets to Political Party Committee <input checked="" type="checkbox"/> Other | 10/07/2016 Date | 283.90 \$ |
| Description: Sign posts | | | |

Page Subtotal

\$2158.29

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

2,158.29

Enter this total
on line 7 of
the Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**

(For use by officeholders only)

1. Committee I. D. Number 139364
2. Committee Name Committee To Elect Cathy Kirk

| 3. Name and address of person to whom disbursement was made | 4. Description of Disbursement (Be specific & you may assign a disbursement code*) | 5. Date | 6. Amount of Disbursement |
|--|--|---------|------------------------------|
| Disbursement # 1 Name & Address: _____ Purpose _____ \$ _____ Date _____ Click for Memo Itemization Type | | | |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code _____ <input type="checkbox"/> Fund Raiser | | |
| Disbursement # 2 Name & Address: _____ Purpose _____ \$ _____ Date _____ Click for Memo Itemization Type | | | |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code _____ <input type="checkbox"/> Fund Raiser | | |
| Disbursement # 3 Name & Address: _____ Purpose _____ \$ _____ Date _____ Click for Memo Itemization Type | | | |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code _____ <input type="checkbox"/> Fund Raiser | | |
| Disbursement # 4 Name & Address: _____ Purpose _____ \$ _____ Date _____ Click for Memo Itemization Type | | | |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code _____ <input type="checkbox"/> Fund Raiser | | |
| Subtotal this page | | | <u>0</u> |
| Grand Total of all Schedules 1C (Complete on last page of Schedule) | | | |

Enter this total
on line 10a of
Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY

**CANDIDATE COMMITTEE**

1. Committee I.D. Number

Committee To Elect Cathy

2. Committee Name

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The -Vote activity in Item 4f. ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED

| 3. Name and address of person or vendor to whom the expenditure was made | 4. Type of Activity | 5. Date | 6. Amount |
|--|---------------------|--|-----------|
| Expenditure #1 Name & Address: | | | |
| a. <input type="checkbox"/> Election Day Busing of Voters To The Polls | | | |
| b. <input type="checkbox"/> Slate Cards | | c. <input type="checkbox"/> Challengers | |
| d. <input type="checkbox"/> Poll Watchers | | e. <input type="checkbox"/> Poll Workers | |
| f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): | | _____ \$ _____ Date | |
| For Activity Type b-f, check one: | | Click Here for Memo Itemization Type | |
| <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent | | | |
| If in support of, or in opposition to, a ballot proposal, check one: | | <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | |
| <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | |
| Statewide Proposal Name _____ | | Local Proposal Name _____ Indicate County _____ | |
| Expenditure #2 Name & Address: | | | |
| a. <input type="checkbox"/> Election Day Busing of Voters To The Polls | | | |
| b. <input type="checkbox"/> Slate Cards | | c. <input type="checkbox"/> Challengers | |
| d. <input type="checkbox"/> Poll Watchers | | e. <input type="checkbox"/> Poll Workers | |
| f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): | | _____ \$ _____ Date | |
| For Activity Type b-f, check one: | | Click Here for Memo Itemization Type | |
| <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent | | | |
| If in support of, or in opposition to, a ballot proposal, check one: | | <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | |
| <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | |
| Statewide Proposal Name _____ | | Local Proposal Name _____ Indicate County _____ | |
| Expenditure #3 Name & Address: | | | |
| a. <input type="checkbox"/> Election Day Busing of Voters To The Polls | | | |
| b. <input type="checkbox"/> Slate Cards | | c. <input type="checkbox"/> Challengers | |
| d. <input type="checkbox"/> Poll Watchers | | e. <input type="checkbox"/> Poll Workers | |
| f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): | | _____ \$ _____ Date | |
| For Activity Type b-f, check one: | | Click Here for Memo Itemization Type | |
| <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent | | | |
| If in support of, or in opposition to, a ballot proposal, check one: | | <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | |
| <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | |
| Statewide Proposal Name _____ | | Local Proposal Name _____ Indicate County _____ | |

Subtotal this page 0

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

Enter total
on Line 8b
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**

(For use by officeholders only)

1. Committee I. D. Number 139364
2. Committee Name Committee To Elect Cathy Kirk

| 3. Name and address of person to whom disbursement was made | 4. Description of Disbursement (Be specific & you may assign a disbursement code*) | 5. Date | 6. Amount of Disbursement |
|--|---|---------|---------------------------|
| Disbursement # 1 Name & Address: _____ Purpose _____ \$ _____ Date _____ Click for Memo Itemization Type | | | |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code _____ <input type="checkbox"/> Fund Raiser | | |
| Disbursement # 2 Name & Address: _____ Purpose _____ \$ _____ Date _____ Click for Memo Itemization Type | | | |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code _____ <input type="checkbox"/> Fund Raiser | | |
| Disbursement # 3 Name & Address: _____ Purpose _____ \$ _____ Date _____ Click for Memo Itemization Type | | | |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code _____ <input type="checkbox"/> Fund Raiser | | |
| Disbursement # 4 Name & Address: _____ Purpose _____ \$ _____ Date _____ Click for Memo Itemization Type | | | |
| <input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code _____ <input type="checkbox"/> Fund Raiser | | |
| Subtotal this page | | | 0 |
| Grand Total of all Schedules 1C (Complete on last page of Schedule) | | | |

Enter this total
on line 10a of
Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139364
2. Committee Name Committee To Elect Cathy Kirk

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 Owed to or by: Corp? <input type="checkbox"/> Yes | 4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____ | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ _____ | \$ _____ <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #2 Owed to or by: Corp? <input type="checkbox"/> Yes | 4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____ | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ _____ | \$ _____ <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |
| Debt #3 Owed to or by: Corp? <input type="checkbox"/> Yes | 4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____ | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ _____ | \$ _____ <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |

Page Subtotal (Outstanding debt)

0

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

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

139364

1. Committee I.D. Number _____

2. Committee Name CTE Cathy Kirk

- USE A SEPARATE SHEET FOR EACH EVENT -

| | | | |
|--|--|--|---|
| 3. Date Event Was Held 09/14/2016 | 4. Number of Individuals Attending or Participating (whichever is greater) 60 | 5. Type of Fund Raising Activity Dinner | 6. Address and Name (If any) of the place where the activity was held. Villa Penna, 43985 Hayes rd, Sterling Heights MI 48313 <input type="checkbox"/> Private Residence |
|--|--|--|---|

7. Total Contributions \$12,400.00

8. Other Receipts 0

9. Gross Receipts (Add lines 7 and 8) \$12,400.00

10. Total Cost of Event 1371.10

(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.