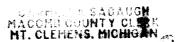
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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

16 OCT 26 AM 8: 27

## INDEPENDENT/POLITICAL COMMITTEE COVER PAGE



FOR OFFICIAL USE ONLY

		L OOL ONE!
Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper	3. This Statement covers From: 8-23	-16 To 10-23-16
1. Committee I.D. Number  138 970  2. Committee Name  MACOMB TOWNSHIP  LEADERSHIP PAC	4. Committee's Mailing Address  39723 CANTERBUR  HARRISON TWF-, MI.  Area Code and Phone 686) 992-  If the address in this box is different from the co  Organization, mail may be sent to this address	710 ommittee mailing address on the Statement of
5. Treasurer's Name and Residential Address CHARLES S, PIELLE 39723 CANTERBURY D IHARRISON TWP., MI. 48	A.	-0710 EXT. 3
6. Treasurer's Business Address  5411 BROUGHTON RD.  MACOMB, MI. 48042  (586) 992-0710 EXT_3  Area Code and Phone	7. Designated Record Keeper's Name and Mailin Record Keeper) EDWARD A. CAREY. 51404 ROYAL LINKS MACOMB, MI- 4804	
8. TYPE OF STATEMENT:  APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON STATE LEVEL  8a. TRIANNUAL STATEMENTS	APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON COUNTY LEVEL	APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON STATE AND COUNTY LEVEL
Even Year         Odd Year           ☐ April 25         ☐ January 31           ☐ July 25         ☐ July 25	8d. ANNUAL STATEMENT (Coverage Year)  8e. PRE-ELECTION OR  8f. POST-ELECTION	8g. AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being amended)
October 25  October 25  8b. QUARTERLY STATEMENTS CAUCUS COMMITTEES (ONLY)	Pre-Election or Post-Election Statement relates to:  PRIMARY GENERAL	8h. DISSOLUTION OF COMMITTEE  Effective Date of Dissolution  By checking this item, I/We certify that
January 31 April 25 July 25 October 25	CONVENTION SCHOOL  SPECIAL CAUCUS  Date of Election, Convention or Caucus:	the committee has no asset or outstanding debts, including late filing fees. Further, I request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.  Note: The disposition of residual funds must
8c SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT	11-8-16	be reported on Schedule 2B and the Summary Page.
A committee that does not have a Reporting Waiver must file a Schedules. Direct contributions, in-kind contributions, loans, e of the information listed in items 2, 4, 5, 6 or 7 has changed sir the Statement of Organization should accompany this Campaideadline of a required campaign statement, that campaign	xpenditures and outstanding debts count against nce the information was shown on the committee's gn Statement. If a request for a Reporting Waiv	the \$1,000 Reporting Waiver threshold. If any statement of Organization, an amendment to
Verification: I certify that all reasonable diligence was used knowledge and belief the contents are true, accurate and com	plete.	schedules (if any) and to the best of my
Current Treasurer or CHARLES S. PIER  Designated Record Keeper Type or Print Name	CE Signature	Date 10/24/16



1. Committee I.D. Number

138970

SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTE

2. Committee Name MACONBTWP. LEADERSHIP PAC

INDEPENDENT OR POLITICAL COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative for Calendar Year
3. Contributions a. Itemized Contributions		
(Schedule 2A, Column 6 + Schedule 2A-2, Column 8	(3a.) \$ 12495	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 12495	(18.) \$
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS  (Add line 3c + Line 4) IN-KIND CONTRIBUTIONS	(5.) \$ 12495	(20.) \$
In-Kind Contributions     a. Itemized (Schedule 2-IK, Column 7)	(6a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b) EXPENDITURES	(7.) \$	(21.) \$
Expenditures     a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$ 4698.96	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$	
e. Subtotal of Expenditures	(8c.) \$ 4648.9 B	(22.) \$
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$	(23.) \$
10. TOTAL EXPENDITURES (Add Line 8e + Line 9) IN-KIND EXPENDITURES	(10.) \$ 40 (0 , 10	(24.) \$
11.In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)  DEBTS AND OBLIGATIONS	(11.) \$	(25.) \$
12. Debts and Obligations a. Owed <b>by</b> the Committee (Schedule 2E)	(12a)\$	
b. Owed to the Committee (Schedule 2E)  BALANCE STATEMENT	(12b.) <b>\$</b>	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 14, 587. 31	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.)+ 12,495.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = 27,082,31	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.)- 4698.96 (17.)\$ 22,383,35	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.)\$ 22,383,35	*

<sup>\*</sup>If your ending balance is negative, please recheck your math.



Page  $\int$  of 17

### MICHIGAN DEPARTMENT OF STATE

BUREAU OF ELECTIONS

## ITEMIZED CONTRIBUTIONS SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE  2. Committee Name	LACOMB TWP. LEADERSHIP PAC
Please enter contributor's name and address. If contribution is from an individual, enter last name, for and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt 9-15-6 Name & Address:  REBCO A LULA - SYKES	s 100 s
23225 24 MILE RD. MACOMB, MI. 48042	
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization Type
OccupationEmployer	
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	г
3. Contribution # 2 Is this contribution from a PAC? YES 4. Date of Receipt 9-17-16	
Name & Address:	s 400 s
ALEC FELL 52572 FOX POINTE DR. NEW BALTIMORE, MI 48047	Click Here for Memo Itemization Type
E. If over \$100.00 cumulative please provide:	10st
Occupation SUPERVISOR Employer MACOMO TO P. PAYUS	1 KeC
Business Address 54111 BROVINTON RD., MACOMS M1	18012
Type of Contribution: Direct Loan from a person Fund Ra	iser
3. Contribution #3 YES 4. Date of Receipt 9-17-16	
s this contribution from a PAC?	
Name & Address:	\${\$
JOHN RAC 13122 BURNINGLOSSO DR	
WASHINGTON, MI 48094	Click Here for Memo Itemization Type
i. If over \$100.00 cumulative, please provide:	
. If over \$100.00 cumulative, please provide.	
OccupationEmployer	
Business Address	
Type of Contribution: Direct Loan from a person	
3. Contribution # 4 Is this contribution from a PAC?  YES  4. Date of Receipt 9-17-16	
Name & Address:  CHRISTINA STRUWE	s 20 s
CHRISTINA STRUBE 1748 BEICHMONT ST.	
KEEGO HARBOR, MI. 48320	Click Here for Memo Itemization Type
5. If over \$100.00 cumulative, please provide:	
Occupation Employer	
Business Address —	
Type of Contribution: Direct Loan from a person Fund Rais	er
Р	age Subtotal 620
Grand Total of All S (Complete on last page	

on line 3a of Summary Page

Enter this total



### MICHIGAN DEPARTMENT OF STATE

BUREAU OF ELECTIONS

## ITEMIZED CONTRIBUTIONS SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE 2. Committee Name MACOMB TWP. LEADERSHIP PAC

1. Committee I.D. Number 138970

1. Committee I.D. Number		<del>, , , , , , , , , , , , , , , , , , , </del>	 
	_	A	 

· · · / -		
Please enter contributor's name and address. If contribution is from an individual, enter last name, first nar and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	ne, 6. Amount 7. Cumulative for Calendar Year for Contributor (Thro date of receipt)	r Each
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt 9-17-16 Name & Address:	150	
MARY DICARO 16766 MARKWOOD DR. MACOMB, MI YBOYZ	\$ <u>150</u> \$	
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization Type	ре
Occupation DINECTOR Employer RAH RAH	_	
Business Address ROCIFESTER MI-	_	
Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution # 2 Is this contribution from a PAC? YES 4. Date of Receipt 9-17-16  Name & Address:	150	
	\$ 150 \$	
SAMMY DICARD 16766 MARKWOOD DR MAGMB, MI. 48042	Click Here for Memo Itemization Type	pe
5. If over \$100.00 cumulative, please provide:	VI. Fire	
Occupation INSPECTOR Employer MACOMB COUNTY DRA	HNOTICE	
Business Address 21777 Dusan, OUNHAM RD, MT. CLEMENS, I	M <i>i</i>	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 YES 4. Date of Receipt 9-17-16		
Is this contribution from a PAC?		
Name & Address:	s 200 s	•
MARCY MCMANUS	\$	
21910 HARTFORD WAY	Click Here for Memo Itemization Typ	oe .
MACOMB, M1 48042	,	
5. If over \$100.00 cumulative, please provide:		
Occupation RETTRED Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 Is this contribution from a PAC?  YES  4. Date of Receipt  9-(7-16		
JENNIFER PERCE	<u>\$ 300 </u>	
39223 CHNTEKBURY VIC	Click Here for Memo Itemization Typ	ре
HARRISON TWP., 48045		
5. If over \$100.00 cumulative, please provide:		
Occupation PROSECT WOR Employer EYE WIRE		
Occupation Trade MAINET ST., MT. CLEMENC, MI		
Business Address		
Type of Contribution:   Direct   Loan from a person   Page St	ubtotal 800	
Grand Total of All Schedu	iles 2A	
(Complete on last page of Sch		
	Enter this total	

on line 3a of Summary Page



### ITEMIZED CONTRIBUTIONS

Committee I.D. Number	13	8	9	l	C

SCHEDULE 2A	1. Committee I.D. Number	136910	
INDEPENDENT OR POLITICAL COMMITTEE	2. Committee Name MAC	OMB TUP. LE	ADERSHIP PAC
Please enter contributor's name and address. If contribution is from an indivi- and middle initial. Check box to indicate if contribution is from a Political Cor Committee (Both are commonly called PACs).	idual, enter last name, first nam		7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt 9- Name & Address:	-17-16		
CARA DI CARO 16766 MARKURO		s_\75_	\$
MACONB, M1 48042			
5. If over \$100.00 cumulative, please provide:	× × × × × ×	Click Here for	Memo Itemization Type
Occupation TECHNICIAN Employer SEARCI			
Business Address 1938 BUNDETTE FERNDAG, Type of Contribution: Direct Loan from a person	Y Fund Raiser		
3. Contribution # 2	-17-16	-	
Is this contribution from a PAC? YES 4. Date of Receipt 1. Name & Address:	(7 (6		
DIANE MUSKAN		\$ 150	
SIYOY ROYALLINGS CT.		Click Here for I	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:			
Occupation ADVERTISING Employer TEAM DE			
Business Address 550 Tank CENER DETARBORN, MI	48 (26		
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 3 YES 4. Date of Receipt 9	17-16		
Is this contribution from a PAC?  Name & Address:		-	
MUMAN A CAREY -TIT		s 150	\$
51404 ROYAL LINKS CT.		Click Hara for N	Aomo Itemization Type
MACOMB, MI. 48042		Click Hele lol I	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:			
Occupation TECHNICIAN Employer COMPUTED	L DESIGN SOLL	sucity	
Business Address 45179 MARKET ST., SHAR	34, MI 48315		
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 4 Is this contribution from a PAC?  Name & Address:	7-(6		
MAURAEN FERGUSON		s <u>100</u>	\$
22313 (3APCTON ST		Click Here for I	Memo Itemization Type
ST. CLAIR SHORES, MI. 48081			
5. If over \$100.00 cumulative, please provide:			
Occupation Employer		_	
Business Address	T\$\$		
Type of Contribution: Direct Loan from a person	Fund Raiser		

Grand Total of All Schedules 2A (Complete on last page of Schedule) 515

Enter this total

Page Subtotal

on line 3a of Summary Page



### MICHIGAN DEPARTMENT OF STATE

BUREAU OF ELECTIONS

## ITEMIZED CONTRIBUTIONS SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE 2. Committee Name MACO	MB TWP WEADERSAIP PAC
Please enter contributor's name and address. If contribution is from an individual, enter last name, first nam and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	
3. Contribution #1 Is this contribution from a PAC? YES 4. Date of Receipt 9-17-76 Name & Address: LLCZABETH YAMBOR	s (OO s_
173 TARTAN DR. ROCHESTER HILLS, MI 48309	
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization Type
OccupationEmployer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution # 2 Is this contribution from a PAC? YES  4. Date of Receipt 9-17-16  Name & Address:	
CHIP HENDRICK	\$\$
2885 S. GRAHAM RD. SAGINAW, MI. 48609	0,111
SAGINAW, MI. 40009	Click Here for Memo Itemization Type
5. If over \$100.00 cumulative, please provide:	
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 Is this contribution from a PAC?  YES  4. Date of Receipt 9-17-16	
Name & Address: PAPPARETLI	s_700 s
37192 BRETT DR. NEW BALTIMONE, MI. 48047	Click Here for Memo Itemization Type
5. If over \$100.00 cumulative, please provide:	
Occupation AGENT Employer METRO CONTROLS	-0-0
Business Address 22660 15 MILE RD., CLINTON TWP. MI. 4	18012
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #4 YFS 4. Date of Receipt 9-17-16	
Is this contribution from a PAC?	550
ROY C. ROSE COR	<u> </u>
SEGZO WOODKIDGE UK.	Click Here for Memo Itemization Type
SHELBY, MI. 48316	
5. If over \$100.00 cumulative, please provide:	
Occupation ENGINEER Employer ANDERSON, ECKSTEIN	That S
Business Address 51301 SCHOEN HARR, SHEBY, MI.	פופפר
Type of Contribution: Loan from a person Fund Raiser	
Page Sul	ototal 1450
Grand Total of All Schedule	es 2A

Enter this total on line 3a of Summary Page

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### ITEMIZED CONTRIBUTIONS

### SCHEDULE 2A

1. Committee I.D. Number

138970

INDEPENDENT OR POLITICAL COMMITTEE 2. Committee Name MAC	OMB	TWP, 1	LEADERSHIP.	PAC
Please enter contributor's name and address. If contribution is from an individual, enter last name, first na and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	ime,	6. Amount	7. Cumulative for Calendar Year for Contributor (Throught date of receipt)	or Each
3. Contribution #1 Is this contribution from a PAC? YES 4. Date of Receipt 9-17-16 Name & Address:  JEFFREY PRETZER 21440 ROME DR. MACOMB, MI. 48644	\$	250	\$	<u></u>
5. If over \$100.00 cumulative, please provide:  Occupation SALS Employer PLATINUM DRY WALL  Business Address 5 (263 ASCHER PARIL PR., SCHEBY MI Y  Type of Contribution: Direct Loan from a person X Fund Raiser	[83/6		or Memo Itemization Ty	уре
3. Contribution #2 Is this contribution from a PAC? YES 4. Date of Receipt 9-17-16 Name & Address:  JAMES BIONDO  SILIOI ROJAL LINKS CT.  MAROMBI MI. 48042	\$_	(50 Click Here fo	\$r Memo Itemization Ty	/pe
5. If over \$100.00 cumulative, please provide:  Occupation OWNER Employer PLATINUM DRYWALL  Business Address 31226 FRASER RD, FRASER, M. YE  Type of Contribution: Direct Loan from a person Xeund Raiser  3. Contribution #3  YES 4. Date of Receipt 9 17-16	<u>9</u> 26			
Is this contribution from a PAC?  Name & Address:  GEORGE RIDDELING  7426 HERRINGTON ANE NE  BELMONT, MI. 49306  5. If over \$100.00 cumulative, please provide:	\$	Click Here for	\$r Memo Itemization Ty	pe
Occupation Employer	-			
3. Contribution #4 Is this contribution from a PAC? Name & Address:  Jim Reinhart  484 Linder RD.  Birmin Gam, MI. 48009  5. If over \$100.00 cumulative, please provide:	\$	Click Here for	\$r Memo Itemization Ty	rpe
Occupation Employer		600		
Grand Total of All Sched				



## ITEMIZED CONTRIBUTIONS SCHEDULE 2A

SCHEDULE ZA	
IDEDENDENT OF BOLITICAL	COMMITTE

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

138970

INDEPENDENT OR POLITICAL COMMITTEE 2. Committee Name (MA)	MB TWP. LEADERSHIP PAC
Please enter contributor's name and address. If contribution is from an individual, enter last name, first nam and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt 9-17-16 Name & Address:	100
BOB PALMER 26375 GLENWOOD DR. NOVI, MI 48374	\$\$
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization Type
OccupationEmployer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 Is this contribution from a PAC? YES 4. Date of Receipt 9-17-16 Name & Address:  GREG RIEF 3910 N. HOYNE AVE.	s_100 s
3910 14. 110/110	Click Here for Memo Itemization Type
CHICAGO, IL 60618	Chart has been made to the chart to the char
5. If over \$100.00 cumulative, please provide:	
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person X Fund Raiser	
3. Contribution #3  YES  4. Date of Receipt  9-(7-(6)	
Is this contribution from a PAC?	
Name & Address: ADAM RUJAN 5689 EUCLID DR. WEST BLOOMFIELD, MI 48323	\$\$Click Here for Memo Itemization Type
5. If over \$100.00 cumulative, please provide:	
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #4 Is this contribution from a PAC?  Name & Address:  MARTIN TERPSTRA	s 50;
10628 LANI LN. ORLAND PARK, IL 60462	Click Here for Memo Itemization Type
5. If over \$100.00 cumulative, please provide:	
Occupation Employer	_
Business Address ———————————————————————————————————	
Type of Contribution: Direct Loan from a person Fund Raiser	
Page Sut Grand Total of All Schedule (Complete on last page of Sche	es 2A
(our protection and page of our	A LOUIS AND A LOUI

Enter this total on line 3a of Summary Page

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### MICHIGAN DEPARTMENT OF STATE

BUREAU OF ELECTIONS

#### ITEMIZED CONTRIBUTIONS **SCHEDULE 2A**

1. Committee I.D. Number

138970

INDEPENDENT OR POLITICAL COMMITTEE 2.	Committee Name MACO	MB TWP,	LEADERSHIP PAC
Please enter contributor's name and address. If contribution is from an individua and middle initial. Check box to indicate if contribution is from a Political Commit Committee (Both are commonly called PACs).		6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt 9-1 Name & Address:  STEPHEN C. NICHOLS	7-16	<u> 500</u>	s
233 TIA TRL 19331 5. If over \$100.00 cumulative, please provide:	naa Assaa J	Click Here for	Memo Itemization Type
Occupation FN6 Nach Employer FISH BECK THE Business Address 46600 ROMED PLANK, SUITE 3, Type of Contribution: Direct Loan from a person	MACOMB, MI	<b>4</b> 8044	
3. Contribution #2 Is this contribution from a PAC? YES 4. Date of Receipt 8-3 Name & Address:  FOU IN STEVENS 100 RIVERWAY DR. VERO BEACH, FL 32963	25-16	\$COO	\$Memo Itemization Type
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address	<del></del>		
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 3 YES 4. Date of Receipt 9-(	7-16		
Is this contribution from a PAC?  Name & Address:  EDWARD A. CAREY, JR.  51404 ROYALLINKS CT.  MACONB, MI. 48042		\$Click Here for	\$ Memo Itemization Type
5. If over \$100.00 cumulative, please provide:			
OccupationEmployer	· · · · · · · · · · · · · · · · · · ·		
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution #4 Is this contribution from a PAC?  Name & Address:  NANCY J. NEVELS  4. Date of Receipt 9-1-  NAMCY J. NEVELS  49699 LEHR DR.  MAOMB, MI. 48044	(6_	\$ 150 Click Here for	\$ Memo Itemization Type
5. If over \$100.00 cumulative, please provide:			
Occupation RETILED TRUSTE Employer MACO MO 54111 BRONGHTON RD., MACO ME			
Business Address — The state of			
Type of Contribution: Direct Loan from a person	Fund Raiser	tal Cro	
	Page Subto Grand Total of All Schedules	200	_
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## ITEMIZED CONTRIBUTIONS SCHEDULE 2A

#### INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138970

Committee I.D. Number	20	910	
2. Committee Name MACOMA	TWP.	LEADERSHIP	PAC

MDEL ENDERT ON TOLITIONE COMMITTEE	יעט		CPS IIII THE
Please enter contributor's name and address. If contribution is from an individual, enter last name, first nam and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	ne,	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt 8.74-16  Name & Address:  ROBEL M. KRZEMINSKI	\$	150	\$
MACOMB, MI UBOYY  5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization Type
Occupation TRUSTEE Employer MACOMB TUP  Business Address 54111 BROUGHTON RD., MACOMB MC 4804	12	Olick Field for	Verile Reministration () pe
Type of Contribution: Direct Loan from a person Fund Raiser			
3. Contribution # 2 Is this contribution from a PAC? YES 4. Date of Receipt 8-30-16 Name & Address:		300	
BETH M. CASE 525 SHELDEN RD.	\$	Oliely Here for I	\$
GROSSE POINTE, MI. 48236		Click Here for I	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:  Occupation OWNER Employer BPI INFORMATION S	CUS	TEMS	
Business Address 23875 NORTH WESTERN HWY., SOUTHFIELD,	- Μ·	419075	•
	111		
3. Contribution # 3 Is this contribution from a PAC?  YES  4. Date of Receipt  9-2-(6)			
Name & Address: JAMES R. GELIOS 16822 WHITE PLAINS DR. MACOMB, MI. 48044	\$	Click Here for N	\$
5. If over \$100.00 cumulative, please provide:  Occupation Employer			
Type of Contribution: Direct Loan from a person Fund Raiser			
3. Contribution # 4 Is this contribution from a PAC?  YES  4. Date of Receipt  9-5-16		100	
PERMELIA G. GROSS 52090 HEATHER STONE AVE. MACOMB, MI. 48042	\$	Click Here for I	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:			
Occupation Employer			
Business Address  The of Contribution: Direct Loan from a person Fund Raiser			
Type of Contribution:   Direct   Loan from a person   Fund Raiser   Page Sult	btotal	650	
Grand Total of All Schedule		000	_
(Complete on last page of Sche	edule)	F-14-1-1-1-1-1	

Enter this total on line 3a of Summary Page

Page g of 17



### ITEMIZED CONTRIBUTIONS

138970

SCHEDULE 2A 1. Committee I.D. Number .	1000	
	OMB TWP. L	EACEASHIP FAC
Please enter contributor's name and address. If contribution is from an individual, enter last name, first name and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	me, 6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution #1 Is this contribution from a PAC? YES 4. Date of Receipt 9-7-16		
Name & Address: KANEN M. GOOD HUE 55960 LUUHTMAN	s(OD	\$
MACOMB, MI 4804Z		
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization Type
OccupationEmployer	-	
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser	-	
3. Contribution # 2 9-8-16-		
is this contribution from a PAC?		
STACY I. VAN REYENDAM 26623 PATTYN DR.	\$_(OO_	\$
26623 PATTYN DR.		
CHESTERFRELD, MI. 48051	Click Here for	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer	_	
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	<u></u>	
3. Contribution #3  VES 4. Date of Receipt 9-6-16		
is this contribution from a FAC:	100	
SARA J. BUSCAINO	s_(00	\$
URZ 77 AU LD OG DR.		
49377 BULLDOG DR. MACOMB, MI. 48044	Click Here for	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:		
C. II.		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 Is this contribution from a PAC?  YES  4. Date of Receipt  9-8-16		
Name & Address:	. 150	•
JANET DUNN 22615 PIGEON RIVER OR.	<u> </u>	
	Click Here for	Memo Itemization Type
MACOMB, MI. 48042		
5. If over \$100.00 cumulative, please provide:		
Occupation SUPERVISOR Employer MACOMB TWP.		
Business Address 5411 BROUGHTON RD., MACOMB, MI. 480	242	

Grand Total of All Schedules 2A (Complete on last page of Schedule)

Page Subtotal

Fund Raiser

Loan from a person

450

Enter this total on line 3a of Summary Page

Type of Contribution:

Direct



### ITEMIZED CONTRIBUTIONS

1.	Committee I.D. Number	

138970

SCHEDULE 2A	. Committee I.D. Number		
INDEPENDENT OR POLITICAL COMMITTEE	2. Committee Name MACOM	3 TWP- LEA	DERSHIP PAC
Please enter contributor's name and address. If contribution is from an individ and middle initial. Check box to indicate if contribution is from a Political Commonittee (Both are commonly called PACs).		6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt 9 Name & Address: BILL BABCOCL 3 155 RIGHMY CT. COMMENCE TWR. MC 48390	-7-1(a_s_	150	\$
5. If over \$100.00 cumulative, please provide:		Click Here for Me	erno Itemization Type
Occupation SAUS Employer AQUATIC  Business Address 3155 RINGEWAY CT. CD MME  Type of Contribution: Direct Loan from a person		339 <b>0</b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Name & Address:	-8-16	50D	
JASON GELLE 50517 MURRAY DR. MACOMB, MI. 48044		Click Here for Me	mo Itemization Type
5. If over \$100.00 cumulative, please provide:	^		
Occupation FAC, MGR Employer MACOMS			
Business Address 54111 BROUGHTON RD., MACE	MB, MI. 480012	_	
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution #3 YES 4. Date of Receipt 9-1	2-16		
Is this contribution from a PAC?	2-16		
Name & Address:		40n	
JAMES GILLIS	\$_	100	\$
22420 RAMBLING DR.		Click Here for Me	mo Itemization Type
MACOMB, MI. 48044			
5. If over \$100.00 cumulative, please provide:			
Occupation BROADCAST NEDIA Employer MACOMB T	wP.		
Business Address 54111 BROUGHTON RD., MAC	omb, M. Year	2.	
To a of Contribution [	N=1		
3 Contribution #4	Fund Raiser		
Is this contribution from a PAC? YES 4. Date of Receipt 9-1	9-16		
Name & Address:	\$	150	\$
KRISTI RICKWOOD DR.	*_		*
47394 KULLUUU		Click Here for Me	mo Itemization Type
MACOMB, MI. 10099			
5. If over \$100.00 cumulative, please provide:	COUNTY SOO -		
Occupation SUPERISOR Employer MACOMB	COUNTY TOCT		
Business Address 40 N. MAIN ST., MT. CUEN	ENZ' WIT AROSI		
Type of Contribution: Direct Loan from a person	X Fund Raiser	<b>T</b>	
	Page Subtotal	1200	
	Grand Total of All Schedules 2A		

Enter this total on line 3a of Summary Page

(Complete on last page of Schedule)



### ITEMIZED CONTRIBUTIONS

138970

1. Committee I.D. Number **SCHEDULE 2A** 2. Committee Name MAWMB TWP- LEADERSTAIL INDEPENDENT OR POLITICAL COMMITTEE 7. Cumulative for Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Calendar Year for Each Committee (Both are commonly called PACs). Contributor (Through date of receipt) 3. Contribution # 1 Is this contribution from a PAC? 4. Date of Receipt Name & Address SHARALYN ARFT 52595 SAWMILL CRUZK DR. 48042 MACOMB, MI. 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Type Occupation Employer **Business Address** Direct Type of Contribution: Loan from a person Fund Raiser 3. Contribution # 2 Is this contribution from a PAC? 4. Date of Receipt Name & Address: DETER C. BAKBIERI 312 MATTERHORN DR. MACOMB, MI 48042 Click Here for Memo Itemization Type 5. If over \$100.00 cumulative, please provide: Occupation **Business Address** Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 4. Date of Receipt Is this contribution from a PAC? Name & Address: FRANK ALSPECTOR 28960 E. KING WILLIAMS DR. FARMINGTON HILLS, MI. 48331 Click Here for Memo Itemization Type 5. If over \$100.00 cumulative, please provide: Occupation Business Address Type of Contribution: Fund Raiser Direct Loan from a person 3. Contribution # 4 YES 4. Date of Receipt Is this contribution from a PAC? Name & Address: PATRICK MEAGHER 51273 CAROLINE DR. Click Here for Memo Itemization Type CHESTERFIELD, MI. 48047 5. If over \$100.00 cumulative, please provide: \_\_\_\_Employer MA WMS 7WP. Occupation PLANNER Business Address 54111 BROUGHTON RD, MACOMB, MI. 48042

> Fund Raiser Page Subtotal

Loan from a person

Grand Total of All Schedules 2A (Complete on last page of Schedule)

> Enter this total on line 3a of Summary Page

85D

Page | of |

Type of Contribution:



ITEMIZED CONTRIBUTIONS SCHEDULE 2A

1. Committee I.D. Number

138970

INDEPENDENT OR POLITICAL COMMITTEE

Committee Name M & COMB TAIP I FAMOUS SHIP PA

INDEFENDENT OR FOLLTICAL COMMITTEE 2. Committee Name 17/140	TYIB IWF. LETTL	BOSTIF TITE
Please enter contributor's name and address. If contribution is from an individual, enter last name, first nam and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	ne, 6. Amount	7. Curnulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution #1 Is this contribution from a PAC? YES  VES  4. Date of Receipt 9-5-16  NARIA J. MARINO  54533 FLAMINGO DR.	s <u> </u>	\$
5HELBY, M1. 48315  5. If over \$100.00 cumulative, please provide:  Occupation OWNER Employer MARINO FITNESS PROS	Click Here for	Memo Itemization Type
3. Contribution # 2 Is this contribution from a PAC?  Name & Address:  SALVATORE A. Di CARO, TR.  16766 MARKWOOD DR.  MACOMBI MI. 4804Z	s [OO]	\$Memo Itemization Type
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	-	
Business Address		
Type of Contribution: Direct Loan from a person		
3. Contribution #3 YES 4. Date of Receipt 9-17-16		
Is this contribution from a PAC?  YES  4. Date of Receipt  9-(1-16)		
Name & Address: DOUGLAS E, FOWLER 22548 AM HERST ST. CLAIR SHORES, MI. 48081	\$Click Here for N	
5. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 Is this contribution from a PAC?  Name & Address:  POBERT W. PALMER  1408 ROSLYN  GROSSE POI NIE WOODS, MI. 48236	\$(OO	\$Memo Itemization Type
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	· 	
Business Address —		
Type of Contribution: Direct Loan from a person K Fund Raiser		
Page Sub	130	_
Grand Total of All Schedule (Complete on last page of Sche	!	



## ITEMIZED CONTRIBUTIONS SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number \_

138970

2. Committee Name MACOMB TWP. LEADELSHIP ARE

INDEPENDENT OR POLITICAL COMMITTEE 2. Committee Name MATC		IMP. LE	
Please enter contributor's name and address. If contribution is from an individual, enter last name, first nam and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	ne,	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt 9-15-6 Name & Address: CHALLES PIERCE 39723 CANTERBURY JR. HARRISON TWP., MI- 48045 5. If over \$100.00 cumulative, please provide:	\$	100	\$
OccupationEmployer			
Business Address	_		
Type of Contribution: Direct Loan from a person Fund Raiser			
3. Contribution #2 Is this contribution from a PAC? YES 4. Date of Receipt 9-17-(G Name & Address:  THOMAS MC MANAMAN 46173 PLUM GROVE DR.  MACOMO, MI- 4804Z	\$	400 Click Here for M	\$
5. If over \$100.00 cumulative, please provide: Occupation RETIMED Employer DETROIT - FIRE FIGHTE	a		
	-		
Business Address DETLOIT, MI			
Type of Contribution: Direct Loan from a person X Fund Raiser			
3. Contribution #3 YES 4. Date of Receipt 9-17-(6			
Is this contribution from a PAC?			
Name & Address:  GINA MUSZYNSKI  42012 LITTLE RO.  CLINTON TWP., MI. 48036  5. If over \$100.00 cumulative, please provide:	\$	Click Here for M	\$lemo Itemization Type
Occupation FAC MGR PIR Employer MACOMB TOWNSHIP PAR	KS		
Business Address 54111 BROVEHTON RD., MACOMB, MI. 48	_	>	
	JU92		
Type of Contribution: Direct Loan from a person Fund Raiser			
3. Contribution # 4 Is this contribution from a PAC?  Name & Address:  DE PANTACEO 25(96 HAYES RD. 2008): 4. Date of Receipt 9-17-16	\$	HOO Click Here for N	\$
Hosevice 1 Mil			
5. If over \$100.00 cumulative, please provide:			
Occupation SALES Employer	_		
Business Address  Loan from a person  Fund Raiser	-		
Type of Contribution: Direct Loan from a person Fund Raiser  Page Sut	btota!	1200	
Grand Total of All Schedule (Complete on last page of Sche	les 2A	1300	



ITEMIZED CONTRIBUTIONS

SCHEDULE ZA	
	Committee Name MACOMS TWP., LEADERS HIP PAC
Please enter contributor's name and address. If contribution is from an individual, and middle initial. Check box to indicate if contribution is from a Political Committe (Both are commonly called PACs).	ee or an Independent  6. Amount  7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt 9-16 Name & Address:	0-16
CARL D'ANDREA	\$ <u>400</u> \$
11877 TAHITI DR. STELLING HTS., MI 48312	
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization Type
Occupation DAVY TRAS Employer MACOMB T	95AZINWO
Business Address 5411 BROUGHTON RD., MACON	MB, MI. 48042
Type of Contribution: Direct Loan from a person	Fund Raiser
3. Contribution # 2 Is this contribution from a PAC? YES 4. Date of Receipt 9-24	0-16
Name & Address: BENNY ADELIA	s <u>) 60</u> s
18524 SABINE	Click Here for Memo Itemization Type
MACOMB. MI 48042	
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer COUNTRY	INN RESTAURANT
Occupation ()WNER Employer COUNTRY	INN RESTAURANT D., MACOMB, MI. 4804Z
Business Address ROMED PLANK 14	X Fund Raiser
Type of Contribution:   Direct   Loan from a person	φ
3. Contribution # 3 Is this contribution from a PAC?  YES  4. Date of Receipt  9 -	20-16
Name & Address:	
KENNETH DALPRA 3606 WINTERFIELD	\$ <u>100</u> \$
2606 WINTERFIELD	
WARREN, MI 48092	Click Here for Memo Itemization Type
5. If over \$100.00 cumulative, please provide:	
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person	Fund Raiser
3. Contribution # 4 YES 4. Date of Receipt 9 - 20	1-16
Is this contribution from a PAC?	I A
Biu caruso	\$ <u>190</u> \$
50882 ROMED PLANC RIV.	Click Here for Memo Itemization Type
MACOMB, MI 4BO42	
5. If over \$100.00 cumulative, please provide:	
Occupation United Employer	GRILL
Business Address 50887 ROMED PLANKED,	MACOMB, MI 4804Z
Type of Contribution: Direct Loan from a person	Fund Raiser
	Page Subtotal 750
	Grand Total of Ali Schedules 2A

Enter this total on line 3a of Summary Page

(Complete on last page of Schedule)



### MICHIGAN DEPARTMENT OF STATE

BUREAU OF ELECTIONS

## ITEMIZED CONTRIBUTIONS SCHEDULE 2A

DENDENT OF POLITICAL COMMITTEE

1. Committee I.D. Number 138970

on line 3a of Summary Page

INDEPENDENT OR POLITICAL COMMITTEE	2. Committee Name MACON	NB TWP. U	HIERSHIP	PAC
Please enter contributor's name and address. If contribution is from an indi and middle initial. Check box to indicate if contribution is from a Political Co Committee (Both are commonly called PACs).	vidual, enter last name, first name		7. Cumulative for Calendar Year for Contributor (Throadte of receipt)	or Each
3. Contribution # 1 Is this contribution from a PAC? YES 4. Date of Receipt 4. Name & Address:	20-16	IEA		
BRIDGETTE BIBASHANI 52844 KARON MACOMB, MI 48042		<u>\$ (50</u>		
5. If over \$100.00 cumulative, please provide:  OccupationEmployerAMERIC	AN CLEANING	Click Here for	Memo Itemization T	уре
Business Address 52844 KARON DR., MACO	MB, MI 48042	-		
Type of Contribution: Direct Loan from a person	Fund Raiser			
Contribution # 2 Is this contribution from a PAC?  YES  4. Date of Receipt  Name & Address:		150		
BENNY ADELIA 18254 SABINE		\$ 100e	<u> </u>	
MACOMB, 1911 40042		Click Here for	Memo Itemization T	ype
5. If over \$100.00 cumulative, please provide:  Description PARTNER Employer DETROIT	CHEMICAL			
Business Address 5601 ENTERPRISE CT., WARRE	EN MI 48092			
Type of Contribution: Direct Loan from a person	Fund Raiser			
3. Contribution # 3 YES 4. Date of Receipt 9	-19-16 <u> </u>			
Name & Address:		s 150	\$	
ANDREW M. CANU 8772 TOURNAMENT DR		¥		
WASHINGTON, MI 48094		Click Here for	Memo Itemization Ty	<i>у</i> ре
. If over \$100.00 cumulative, please provide:				
Occupation ATTORNEY Employer CANU, 7	TORRICE LAW F	RM		
Business Address				
Type of Contribution: Direct Loan from a person  5. Contribution # 4	Fund Raiser			
s this contribution from a PAC? YES 4. Date of Receipt 7-	18-16			
Name & Address:  KAREN A. TOOLEY		s 250	\$	
3397 POND RIDGE DR.		Click Here for	Memo Itemization Ty	/ne
HOLLY, Mr. 48445		CHOK HETE TO	Weino Remization 1	, pc
5. If over \$100.00 cumulative, please provide:				
Occupation SALES REP Employer MiRAC	LE MIDWEST			
PAROX 829. OKEMOS				
Business Address  Type of Contribution: Direct Loan from a person	Fund Raiser			
	Page Subt	otal 700		· · ·
	Grand Total of All Schedules (Complete on last page of Sched			
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Page 15 of 17



### **ITEMIZED CONTRIBUTIONS**

**SCHEDULE 2A** 

1. Committee I.D. Number <u>138970</u>

INDEPENDENT OR POLITICAL COMMITTEE
------------------------------------

2. Committee Name MACOMB TWP. I FADE OSHER PAC

	CINIC ( DC) · L	CHITCHORY TIME
Please enter contributor's name and address. If contribution is from an individual, enter last name, first nan and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	ne, 6. Amount	Cumulative for     Calendar Year for Each     Contributor (Through     date of receipt)
3. Contribution #1 Is this contribution from a PAC? YES 4. Date of Receipt 10-3-16 Name & Address:	4 -0	
MARK KWIATKOWSKC	s <i>250</i>	. \$
19LOT NEPTUNE CT.		
NORTHVILLE, MI 48167		
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization Type
Occupation OWNER Employer DIRECT FITNESS		
Business Address 1679 LAKE DILSE, GRAND RAAD, MI 49.	506	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 Is this contribution from a PAC?  YES  4. Date of Receipt 9-28-16  Name & Address:	. 100	
NIKKI GIACONA	\$	\$
6520 CRABAPPLE	0".1.1. 6	Maria Harris da America
TROY, MI. 48098	Click Here for	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	-	
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 YES 4. Date of Receipt 10-12-16		
Is this contribution from a PAC?		
Name & Address:	. 150	¢
DINO BUCCI 49280 WILLOWOOD	Ψ	
44280 WILLOWSON	Click Here for	Memo Itemization Type
MACOMB, MI. 4804Z		
5. If over \$100.00 cumulative, please provide:		
Occupation TRUSTEE Employer MA COMB TWP.		
Business Address 5411 BROUGHTON RO., MACOMB, M	1 48042	-
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 Is this contribution from a PAC?  YES  4. Date of Receipt  10-16		
	. 250	
Name & Address: ZINOVITNY B. NOVOSKY	\$ 000	\$
2920 LITAICATA LER. 1211	Click Here for	Memo Itemization Type
STERLING HTS., MI. 48310-4409		
5. If over \$100.00 cumulative, please provide:		
SANT TANI-KING	•	
Occupation Employer	1 1000012	
Business Address	1 48510	
Type of Contribution: Direct Loan from a person Fund Raiser	htotal "75 a	1
Page Sul	100	_
Grand Total of All Schedul	es ZA	1

(Complete on last page of Schedule)



#### ITEMIZED CONTRIBUTIONS **SCHEDULE 2A**

138970

1. Committee I.D. Number 2. Committee Name MACOMB TWP. LEADERSHIP INDEPENDENT OR POLITICAL COMMITTEE Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, . Cumulative for 6. Amount Calendar Year for Each and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Contributor (Through Committee (Both are commonly called PACs). date of receipt) 3. Contribution # 1 Is this contribution from a PAC? 4. Date of Receipt Name & Address: AUPRO EXERCISE EQUIP 00.00 cumulative, please provide: Occupation\_SALES REF Employer Business Address 45 255 FIVE MILERO. Type of Contribution: Direct Loan from a person 3. Contribution #2 4. Date of Receipt \_ Is this contribution from a PAC? Name & Address: Click Here for Memo Itemization Type 5. If over \$100.00 cumulative, please provide: Employer Occupation Business Address Fund Raiser Type of Contribution: Direct Loan from a person 3. Contribution #3 YES 4. Date of Receipt Is this contribution from a PAC? Name & Address: Click Here for Memo Itemization Type 5. If over \$100.00 cumulative, please provide: Occupation Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 YES 4. Date of Receipt Is this contribution from a PAC? Name & Address: Click Here for Memo Itemization Type 5. If over \$100.00 cumulative, please provide: \_\_ Employer \_\_ Occupation \_ Business Address -Direct Loan from a person Fund Raiser Type of Contribution:

> Grand Total of All Schedules 2A (Complete on last page of Schedule)

Page Subtotal



# ITEMIZED DIRECT EXPENDITURES SCHEDULE 2B DEPENDENT OR POLITICAL COMMITTI

1. Committee I.D. Number 138970

INDEPENDENT OR POLITICAL CO	MMITTEE 2. Committee Name M	HOMB TW	A LEADE	rshif pac
Name and address of person or vendor to whom the expenditure was made	Candidate or Ballot Question Information	6. Date	7 Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: FERN thick GOLF CLUB 17600 CLINTON RIVER RA	5Name of Candidate  Office Sought & District # or Jurisdiction	9-17-16 Date	\$2897 <sup>®</sup>	\$ 2897 <sup>25</sup>
CLINION TWP, MI 48038		Click Here	for Memo Itemiz	ation Type
4. Purpose: GOLF, DINNER	County	Ollok Here	TOT WELLO RELIES	auon Type
Fund Raiser	Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #2 Name & Address:	5.	_		_
BEST GOLF DEAL, LLC	Name of Candidate	9-16-16 Date	\$ <u>281.96</u>	s 281.96
4027 PARKUIEN DR	Office Sought & District # or Jurisdiction	Click Here fo	or Memo Itemiza	ion Type
ROYALOAK, MI.	County	Onok Hore k	or womo itemizal	aon Type
4. Purpose: GOLF BALLS  X Fund Raiser	Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement	t		
Expenditure #3 Name & Address:  C & G NEWSPAPER  13650 11 MILE RD.	5. Name of Candidate	(0-(1-16 Date	s <u>1,520</u>	S
WARREN, MI. 48089	Office Sought & District # or Jurisdiction	Click Here	for Memo Itemiza	ation Type
Whidelalan	County			
4. Purpose: Fund Raiser	Ballot Proposal Check box if expenditure is payment of Debi or Obligation reported on previous statement	t		
Expenditure #4 Name & Address:	5. Name of Candidate			
	Office Sought & District # or Jurisdiction	Date	\$	\$
	County	- Click Here	e for Memo Itemi	zation Type
4. Purpose: Fund Raiser	Ballot Proposal  Check box if expenditure is payment of Debor Obligation reported on previous statement	– ot		

Enter this total on line 8a of the Summary Page

Subtotal this page

Grand Total of all Schedules 2B (Complete on last page of Schedule)

Page \_\_\_\_ of \_\_\_\_



### FUND RAISER SCHEDULE 2F

1. Committee I.D. Number

INDEPENDENT OR POLIT	TICAL COMMITTEE 2. Com	nmittee Name MACOM	Bruil LEADERSHIP	MAC
	- USE A SEPARATE SH	EET FOR EACH EVE	NT -	
3. Date Event Was Held 9-17-16	4. Number of Individuals Attending or Participating (whichever is greater)  72	5. Type of Fund Raising A  GUTING	6. Address and Name place where the activity  FELW Hi LL GOLF COULTON TWI	irves held Irves Viton Riv Im. 18038
7. Total Contributions	1249	i5		
8. Other Receipts				
9. Gross Receipts (Add lines 7 and		195	*Includes In-Kind Contribution	s and All
10. Total Cost of Event	289	27	Expenditures Made For the E	
11. Check if event was a joint	fund raiser and complete the follow	ing:		
Co-Sponsor(s)	Contribution (%)	Split	Expenditure Split (%)	
The committee is required Campaign Statement.	d to file a separate Fund Raiser Sch	nedule for each fund raisi	ng event held during the period c	overed by the

- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Direct Contributions Schedule (2A), Itemized In-Kind Contributions Schedule (2-IK), Itemized Expenditures Schedule (2B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

Page	1	of	1