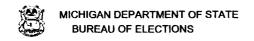
CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

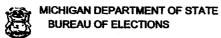
COVERTAGE						
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	l signed by andidate.	3. This Statement covers From	5-3-18 to	7-22-18		
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.		
139616		MUNROE JAMES F. 4a. Office Sought Including District # or Community Served (If applicable)				
2. Committee Name		, ,	•	` `` _		
CTE JAMES F. MUNROE		MACOMB COUNTY COMMISSION DISTRICT 8				
		4b. County of Residence $MACOMB$				
5. Committee's Mailing Address		6. Treasurer's Name & Residential Address				
26319 WACKER DRIVE		GLORIA C. C.	INOWA	18 JUL		
CHESTERFIELD, MI 480	可	45451 FIEL		FIL JL 24		
Area Code and Phone 586-713-912 If the address in this box is different from the comm	J2 ittee	MACOMB, MI	48042	FILED 24 AM IO:		
mailing address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		Area Code & Phone 586				
7. Treasurer's Business Address		Designated Record keeper's Designated Record keeper)	s Name and Mailing Address	(If the committee has a		
NONE		VICTORIA HI				
		26319 WACKER DRIVE				
·		Area Code and Phone 58	LD, MI 4805	<i>[</i>		
Area Code and Phone		Area Code and Phone 20				
9. TYPE OF STATEMENT	Required ON	NLY if candidate	9e. Dissolution of Candid	ate Committee		
9a. Pre-Election OR 9b. Post-Election	is not on the current year:	ballot for the	By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from			
Pre-Election or Post-Election Statement relates to:	L luk Ouart	ortu	the committee. The commit	tee has no oustanding assets,		
Primary	July Quart	City	owes no lates fees or has an	y oustanding debt.		
General	October Q	uarterly	Further, if the dissolution car	anot he granted that this he		
Convention			considered a request for the	Reporting Waiver.		
Special	9c. Appus	al Statement ()				
School	Limite	Coverage Year	Effective date of d	issolution		
	9d. Amen	dment to Campaign Statement	***************************************			
Caucus	Comp	olete Item 9a, 9b, 9c or 9e to te which Statement is being ded.)	Note: The disposition of resi Schedule 1B and the Summ	dual funds must be reported on arry Page.		
Date of Election, Convention or Caucus						
10. Verification: I\We certify that all reasonable diligony\our knowledge and belief the contents are true,	ence was used accurate and co	in the preparation of this statement	ent and attached schedules (i	f any) and to the best of		
Current Treasurer or Designated Record keeper Type or Print Name	. Cynou	A Gloria Signature	C. Cynowa Date	7/24/18		
Candidate JAMES F. MUNRO		James To	Munioe Date	7-24-18		
Type or Print Name		Signature				



SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name LTE JAMES F. MUNROE

RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 2,785,00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 2, 785, 00	(18.)\$ 2,785.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u> </u>	(19.)\$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 2,785,00	(20.)\$ 2,785,00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>2,741,82</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	_
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>2,741.82</u>	(23.)\$ <u>2,741.82</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)	,	,
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(100.) \$	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.)\$
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.)\$	
 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15) 	BALANCE STATEMENT (13.) \$ 0 (14.) + \$ 2,785,00 (15.) = \$ 2,785,00 (16.) - \$ 2,741,82 (17.) \$ 43,18	

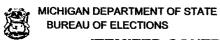


CANDIDATE COMMITTEE

1. Committee I.D. Number 1396/6

2. Committee Name CTF JAMES F. MUNBOE

Enter contributor's nar middle initial. Check to Committee (PAC) Rep	ox to indicate if con	nter last name, first name, ee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)		
3. Contribution # 1 Name & Address:		J. RORAL		5-24-18		
	301 MCK	OINTE FARM.	r MI	48236	\$ 100,00	\$ 100.00
5. If over \$100.00 cum	nulative, please pro	vide:	, , , , , ,	1000	Clink Hom fo	n Maria Haminatian
Occupation		Employer			Click Here it	or Memo Itemization
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?		•	5-24-18		
	TRA	CX STABLE!	\mathcal{N}			
	211	CLAIR, MI	して	57.a	s 100,00	s 100,00
5. If over \$100.00 cum			780	19	Click Here fo	г Memo Itemization
Occupation	-				Chok Horo to	TWOITE ROTHEDUST
Business Address		<u>-</u>				
Type of Contribution:	Direct	Loan from a person	ΙΧΊ	Fund Raiser		
3. Contribution #3	PAC Receipt?		of Receip	5-24-18		
Name & Address: 5. If over \$100.00 cum	ን	RICK FLYNI 13225 CHAI TERLING HE	Y RD01		\$ <u> [0 0 0 </u> Click Here for	\$\$\$
	idiative, picase pro					
Occupation Business Address		Employer				
Type of Contribution:	Direct	Loan from a person	X	Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?		of Receip	$\underline{}$		
F. W 6400.00	LC MIC 38:	CAL #1 PA 416AN EDVO 550 GARFIE NOON TUS	C ATIO, LD K	N ASSOCIATION RD STEB 48038	\$ 250.00	\$ 250,00
5. If over \$100.00 cum	iuiative, piease pro	vide: " (VV)	W ((48028	Click Here for	Memo Itemization
Occupation		_ Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
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				nd Total of All Schedules 1A		
Pageof			(Comple	te on last page of Schedule)	Enter this total on line 3a of Summary Page.	J

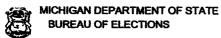


CANDIDATE COMMITTEE

1. Committee I.D. Number 139616

2. Committee Name CTE JAMES F. MVWROE

	x to indicate if contr	ribution is from a Political C		enter last name, first name, ittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 Name & Address:	26319 CHES	PRIA H. MUI WACKER DR. TERFIELD, N	VR	.•	\$ 250,00	s 250,00
5. If over \$100.00 cumu					Click Here fo	or Memo Itemization
Occupation RETH	(EI)	_ Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person	X	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt? [YES 4. Date of F	Recei	pt 5-25~18		
	454	51 FIELDING COMB, MI 48	~ (•	s 250.00	\$ 250.66
5. If over \$100.00 cumu	lative, please prov	vide:			Click Here fo	r Memo Itemization
Occupation RETIR	Eŋ	Employer				
Business Address						
Type of Contribution:	Direct [Loan from a person	X	Fund Raiser		!
3. Contribution # 3 Name & Address:	5724 WR5H	YES 4. Date of 1 AEL E. LABUH 8 WHITE OA 1NGTON, MI 4	W KS	_ 0 1 (3	\$ 3000	\$ 30.00
5. If over \$100.00 cumu	lative, please prov	vide:				
Occupation		Employer		v		
Business Address Type of Contribution:	Direct	Loan from a person	$\overline{\Sigma}$	Fund Raiser		
Contribution # 4 Name & Address	PAC Receipt?			eipt 6-2-18		
5. If over \$100.00 cumu	W A 23 CL/, lative, please prov	ENDY BERGE 1927 DEMLE NTON TWP, W	in N	48035	\$ 25.00	s 25,00
Occupation		_ Employer			Click Here for	Memo Itemization
Business Address						
Type of Contribution:	Direct	Loan from a person	Г	Fund Raiser		
		(0		Page Subtotal rand Total of All Schedules 1A olete on last page of Schedule)	555.00 Enter this total on	-
Page of					line 3a of Summary Page.	



Page _____ of ____

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 139616

2. Committee Name CTE JAMES F. MUNROE

line 3a of Summary

Page.

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Enter contributor's nar middle initial. Check to Committee (PAC) Rep	ox to indicate if con	tribution is from a Political	idual, enter last name, first name, Committee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: 5. If over \$100.00 curr Occupation Business Address Type of Contribution: 3. Contribution #2	ulative, please pro	LEYA B. WE. 144 LUDLOW UNTI/NGTON D Towide: Employer Loan from a person	BERMAN WOODS, MI 48070	\$30,00 Click Here fo	\$sor Memo Itemization
Name & Address	W 3.	LLLIAM J. S 7860 SADDI -INTON TWP,	OWERBY LE LN	s [00,00	s 100.66
5. If over \$100.00 cum	ulative, please pro	ovide:		Click Here fo	r Memo Itemization
Occupation		Employer			
Business Address		· · · · · · · · · · · · · · · · · · ·			
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
 Contribution # 3 Name & Address: If over \$100.00 cum 	26733 HARR	- IA L. BEARD S. RIVER RD 150N TWR. M	Receipt <u>6-5-18</u>	\$ <u> () () , () ()</u> Click Here for	\$
Occupation		Employer			
Business Address Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution #4 Name & Address	37	ARGARET K 2745 SOUTH	FRECEIPT 6-8-2018 ENNARD RIVER RD P., MI 48045	\$ 30,00	\$ 30.00
5. If over \$100.00 cum	ulative, please pro	vide:	11 18049	Okal-11 C	
Occupation		_ Employer		Click Here for	Memo Itemization
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
	· · · · · · · · · · · · · · · · · · ·		Page Subtotal	260,00	
			Grand Total of All Schedules 1A		
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CANDIDATE COMMITTEE

1. Committee I.D. Number 139616

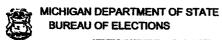
2. Committee Name CTF JAMES F. MVNR6E

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 6-9-18		
Name & Address:		
PAMELA STOTZ 56375 BATES RO		=
CHESTERFIELD, MI 48051	\$ 25.00	s 25.00
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here fo	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10-12-18		
Name & Address		
MARCIA L. FELEGY	_	
801 IRVIN ST	s_50.00	s 50,00
PLYMOUTH, MI 48170		ŕ
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6 -/6 -/8		
Name & Address: THOMAS B. DENEWITH		
	\$ 30.00	7/10
40729 ST. LOUIS DR	* 20,00	\$ 30,00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer -		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 1/2 / X		
Name & Address		
BETTY STARK		
2545 LINEY LANE KAWKAWLIN, MI 48631 5. If over \$100.00 cumulative, please provide:	s 30,00	\$ 30,00
5. If over \$100.00 cumulative, please provide:		
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
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CANDIDATE COMMITTEE

Enter contributor's nammiddle initial. Check b Committee (PAC) Repo	ox to indicate if con	tribution is from a Politica	dividual, enter last name, first name, al Committee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt?	YES 4. Date	of Receipt $6-72-18$		
Name & Address:	E	Dunana A		-	
		DWARD A.			
	-	38157 RRI	DDE ST	70.00	76
	(CLINTON T	WP, M148036	s 30,00	s 30,00
5. If over \$100.00 cum			19 1) 10110		
Occupation		Employer		Click Here fo	or Memo Itemization
Pusinose Address					
Business Address Type of Contribution:	Direct	Loan from a persor	n Fund Raiser		
3. Contribution #2	PAC Receipt?		of Receipt 6-21-18		
Name & Address	. ~				
		AYMOND CO			
	20	7821 HIGH V	JALLEV CT	e 75000	. 75866
			11LLS, MI 48331	* A / V, I/V	\$ 250,00
5. If over \$100.00 cum	ulative, please pro	ovide:	, , , ,	Click Here fo	r Memo Itemization
Occupation ATTO	WEV	Employer RAV MOA	UD A. CORRELL, P.C.		
	,	_ (FARMINGTON HILL, MI	487211	
Type of Contribution:		Loan from a person		7500	
Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date	e of Receipt <u>6-22-18</u>		
raino a radicos.		SUSAN J.	HOARD	-	
		· · · · · · · · · · · · · · · · · · ·	ANKLIN PARK DR	• 7 5 000	20 4
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	* 30,00	\$ 30,00
5. If over \$100.00 cum	ulative, please pro	WASHINGTO ovide:	DN, MI 48094	Click Here for	Memo Itemization
Occupation	·····	_ Employer	•		
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution #4	PAC Receipt?	YES 4. Date	e of Receipt 1-77-18		
Name & Address	0.1-	11			
	FATA	RICK MUNA	ROE		
	522	24 COU/210	TON / MAJE	. 30 00	\$ 30,00
-	NEW	RAITIMA	STON LANE SE MI 48047	\$ 20,00	\$ 50,00
5. If over \$100.00 cum	ulative, please pro	ovide:	(E M) 4804/	05.1.11	
Occupation		Employer		Click Here to	Memo Itemization
Осоориноп		Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
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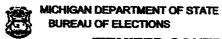


ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 139616
2. Committee Name STE TAMES F. MUNROB

			2. Oorsinger Haire	, <u> </u>	WILL STITION ROLL
Enter contributor's nan middle initial. Check b Committee (PAC) Rep	ox to indicate if con ort <u>all</u> contributions	tribution is from a Politica regardless of amount.	dividual, enter last name, first na al Committee or an Independent	ame, 6. Amoun t	t 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address:	PAC Receipt?	YES 4. Date	of Receipt $6-27$	18	
Name & Address.	C	MOUF C	(A) 6. 10. A		
		ARY E. CY 15451 FIEL	77067		
	L	12491 5166	1)/1/6 3 (\$ LOC	0,00 \$ 100,00
5. If over \$100.00 cum	ulative please pro	MACOMB, N	11 48042	<u> </u>	2100
	miauve, piease pri			Click	Here for Memo Itemization
		Linpoyei	·		
Business Address		[]	1 77	-	
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution #2	PAC Receipt?	YES 4. Date	of Receipt / -27-/	8	
Name & Address	7	ACK E, E	· · · · · · · · · · · · · · · · · · ·		
	_	•			
	2	1700 STAT	TLER	s_(O(0,00 \$ [00.00
	5,	AINT CLAIR	SHORES, MI 4	2001	10000
5. If over \$100.00 cum	ulative, please pro	ovide:			Here for Memo Itemization
Occupation	1	_ Employer		_	
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser	_	
3. Contribution #3	PAC Receipt?	YES 4. Date	of Receipt $6-27-1$	8	
Name & Address:	1.1	ANCH EN) / v · _ D & (] (<u>0</u>	
	/ /	MIVE EAT	(L)	1/	· [
	19	7361 WYNL	RLY DEMERE CIRCL	£ \$ 40	00 \$ 40.00
	57	FRLING HE	16HTS, MI 4831	10	-
5. If over \$100.00 cum	ulative, please pro	ovide:	IGAT 17/11/ TOSI	Olick F	lere for Memo Itemization
Occupation		Employer	y-	_	
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser	-	
3. Contribution #4	PAC Receipt?	YES 4. Date	of Receipt 6-77-/8	}	
Name & Address			JENKINS		
		111 707	URIVALIAZ	_	
		46383 WE	HITE CAP DR.	s 30	.00 \$ 30.00
5. If over \$100.00 cum	ulative, please pro	MACOMB 7	WP, 48044		
	piouou pro	77100.	, , , , , , ,	Click H	lere for Memo Itemization
Occupation		Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
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ITEMIZED CONTRIBUTIONS SCHEDULE 1A

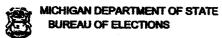
CANDIDATE COMMITTEE

1. Committee I.D. I	Number	139616	
	CTE	There	MILLIAM

G.	ANDIDATE	COMMI	IEE	2 Committee Name	I TAME	S r. MUNKOE
Enter contributor's nam middle initial. Check be Committee (PAC) Repo	ox to indicate if co ort <u>all</u> contribution	ntribution is fr s regardless o	om a Political Committe	ter last name, first name, ee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address:	4.	INDA 7 8221 1	4. Date of Receipt TACIA HART CORBES ST	MAN	\$ 30,00	_
5. If over \$100.00 cum	ulative, please pr	rovide:	KHIELD TWA	7 MI 48047		
Occupation		Employe	F		Click Here fo	or Memo Itemization
Business Address						
Type of Contribution:	Direct	Loan fr	om a person	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?		4. Date of Receipt	6-27-18		
		(031)	INSETTA.	BLVD,	s 160,60	s 100.66
5. If over \$100.00 cumu	ulative, please pr	ovide:	- UME, M	4006/	Click Hara fo	r Memo Itemization
Occupation	•	Employer_				I WEITIO REITIZAUOTI
Business Address		_				
Type of Contribution:	Direct	Loan fro	om a person	Fund Raiser		
3. Contribution #3 Name & Address:	PAC Receipt?	YES		6-27-18		
		1646 ROSE	O ALLEN 7 TERRA EVILLE, MI		\$ 60,00	\$60.66
5. If over \$100.00 cumu	ılative, please pr	ovide: V - C	succes in	10066	Click Here for	Memo Itemization
Occupation	Direct	Employer Loan fro	nm a person	Fund Raiser		
3. Contribution #4 Name & Address	PAC Receipt?	YES	4. Date of Receipt	6-27-18		
		5082 CHES	UY JONES 6 W. SHAM	1ROCK 1M1 48047	<u>\$ 100.00</u>	\$100,00
5. If over \$100.00 cumu	ılative, please pr	ovide:	CARPIEL	1004/	OR-1-11	
Occupation	·····	Emplo	yer		Click Here for	Memo Itemization
Business Address				-		
Type of Contribution:	Direct	Loan fro	om a person 💢 i	Fund Raiser		
				Page Subtotal	20000	
	,		Grand	Total of All Schedules 1A	290,00	

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

Enter this total on line 3a of Summary Page.



CANDIDATE COMMITTEE

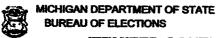
1. Committee I.D. Number	139616
r	2011/1- 201

Enter contributor's name middle initial. Check bo	e and address. If ox to indicate if con	contribution is from an individual disbution is from a Political Con	2. Committee Name al, enter last name, first name, militee or an independent	6. Amount	7. Cumulative for Election Cycle for Each
Committee (PAC) Repo	rt <u>all</u> contributions	regardless of amount.			Contributor (Through date of receipt)
3. Contribution # 1 Name & Address:	48	UL MANLEY Blia FULLER	AD.	20.2	
	C	HESTER EIGIN	MI HOGEI	\$ 30.00	s 30,00
5. If over \$100.00 cumu	ılative, please pr	ovide:	MI 78031	Click Here fr	or Memo Itemization
Occupation		Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Y Fund Raiser		
Contribution #2 lame & Address	PAC Receipt?	YES 4. Date of Rec	ceipt 6-30-18		
	MAI	GYANNE LEVINE	2		
	23	164 GLADHILL	. /. N	\$ 7500	. 7500
	ST.	CLAIR SHORES,	MI HORGE	<u> </u>	\$ 25,00
5. If over \$100.00 cumu	lative, please pro	ovide:	711 48080	Click Here fo	r Memo Itemization
Occupation	1	Employer			·······································
Business Address			· · · · - 		
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution #3	PAC Receipt?		ceipt 7-12-18		
	5	MOTHY J. ZI	715 1 1	\$ 30.00	\$ 30,00
5. If over \$100.00 cumu	lative, please pro	HELBY TWP,	MI 48315	Click Here for	Memo Itemization
Occupation	······································	Employer	v		
Business Address Type of Contribution:	Direct	Loan from a person	Fund Raiser		
. Contribution #4	PAC Receipt?	YES 4. Date of Re	eceipt 7-14-18		
lame & Address		TAMPO C.M.			
		JAMES F, MU	INROF		
		26319 WACKE	ER DR	s 150,00	s 150,00
i. If over \$100.00 cumu	lative, please pro	LHA) TEREICI	D, MI 48651		
Occupation RETIR	ED	_ Employer		Click Here for	Memo Itemization
Rusinose Address					
Business Address Type of Contribution:	Direct	Loan from a person	Fund Raiser		
			Page Subtotal	M 2 - A	
			i age castotal	722000	

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

Enter this total on line 3a of Summary Page.

Page _____ of ____



Page _____ of ____

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number	134616
CTG	TAMES E MILLIPSE

line 3a of Summary

Page.

Contract of the contract of th				Z. Committee Name	Y JIME	I, MUNKUF
middle initial. Check	box to indicate if cor port <u>all</u> contributions	tribution is from a Politica regardless of amount.	dividual, al Comm	enter last name, first name, littee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt?	YES 4. Date	of Rece	ipt $7 - 19 - 18$		1 date of receipt)
Name & Address:	V	ICTORIA H.	MU	VPOF	-	
		6319 WACKE				
	(THE TOPO DIE	er,	UK made de Oracia	\$ 150,00	\$ 400,00
5. If over \$100.00 cur		HESTER FIE	$\mathcal{L}U_{i}$	M1 48051	Oliele I Ieee S	1.8 10 . 1 . 21
Occupation RET	IRED	_ Employer			Click Here t	or Memo Itemization
Business Address						
Type of Contribution:	Direct	Loan from a person	١ _	Fund Raiser		
Contribution #2 Name & Address	PAC Receipt?	YES 4. Date	of Recei	pt		
					s	\$
5. If over \$100,00 cun	nulative, please pro	wide:			Click Here fo	or Memo Itemization
Occupation		_ Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution #3 Name & Address:	PAC Receipt?	YES 4. Date	of Rece	ipt		
					\$	\$
5. If over \$100.00 cum	nulative, please pro	vide:			Click Here for	Memo Itemization
Occupation		Employer				
Business Address			***************************************			,
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution #4 Name & Address	PAC Receipt?	YES 4. Date	of Reco	eipt		
					s	•
5. If over \$100.00 cum	Hulative, please pro	wide:			A P2_1_1	a
Occupation	·····	_ Employer	·	44-	WICK Here for	Memo Itemization
Business Address						
Type of Contribution:	Direct	Loan from a person	Г	Fund Raiser		
		-		Page Subtotal	IFO GA	
			Gr	and Total of All Schedules 1A	150,00	-
			(Comp	lete on last page of Schedule)	Enter this total on]



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number	139616	
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CANDIDATE COMMITTEE	2. Committee Name CTE JAMES F. MUNROF
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1 Name AMERICAN GRAPHICS Address 34895 GROESBECK CLINTON TWP, MI 48035 Fund Raiser	Purpose: PRINTING CARDS 5-25-18 \$ 89.04 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
Name HUNTINGTON NATIONAL BANK Address 50650 N. GRATIOT CHESTERFIELD, MI 48051 Fund Raiser	Purpose: PRINTING CHECKS Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
Name PAMES F, MUNROE Address 26319 WACKER DR, CHESTERFIELD, MI 48051 Fund Raiser	Purpose: REIMBURG - FUNDRAISER Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4 Name GARY CYNOWA Address 45451 FIELDING MACOMB TWP, MI 48042 Fund Raiser	Purpose: RE/MBURSE-SUPPLIES Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #5 Name AMERICAN GRAPHICS Address 34895 GROESBECK CLINTON TWP, MI 48035 Fund Raiser	Purpose: RINTING 6XII POST Date \$ 803,48 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
	Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)

Enter this total on line 8a of Summary Page

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ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number	139616	
2. Committee Name (TE	JAMES F.	MUNROE

2.0	onlinitiee Ivalie CT	
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Amount
Expenditure #1		
Name MASS MALLNG Address 35468 MOUND ROAD STERUNG HEIGHTS, MI 48316	Purpose: MERGE DATA BASE LI	7-14-18 \$ 250,00 T Date Here for Memo Itemization Type
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #2		
Name POSTMASTER Address PERMIT-AMERICAN GRAPHICS	Purpose: MAILING CARDS	7-14-18 \$ 1,084.15
35468 MOUND ROAD	Click ł	Here for Memo Itemization Type
STERLING HEIGHTS, MI 48310 Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #3		
Name GARY CYNOWA Address 45451 FIELDING MACOMB TWP, MI 48042 Fund Raiser	Purpose: REIMBIDESET DEMOC COMPUTER Click I Check box if this expenditure is payment of debt or obligation reported on previous statement	7-20-18 \$ 150,00 PATIC ACCESS Here for Memo Itemization Type
Expenditure #4		
Name Address	Purpose:	Date \$
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #5		
Name		
Address	Purpose:	\$
Fund Raiser	Click I Check box if this expenditure is payment of debt or obligation reported on previous statement	Here for Memo Itemization Type
Tana ranor		otal this page 1, 484,15
	Grand Total of all	Schodules 1R

(Complete on last page of Schedule) 2,741,82

Enter this total on line 8a of Summary Page

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