



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 139629		3. This Statement covers From: 7-23-18 to 8-27-18	
2. Committee Name CTE CHARLES T. MISSIG		4. Candidate Last Name MISSIG First Name CHARLES M.I. T 4a. Office Sought Including District # or Community Served (If applicable) MACOMB COUNTY COMMISSIONER DISTRICT 13 4b. County of Residence MACOMB	
5. Committee's Mailing Address 16884 KENNETH MACOMB, MI 48044 Area Code and Phone 586-219-0442 <small>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.</small>		6. Treasurer's Name & Residential Address CHARLES T. MISSIG 16884 KENNETH MACOMB, MI 48044 Area Code & Phone 586-219-0442	
7. Treasurer's Business Address SAME Area Code and Phone _____		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) SAME Area Code and Phone SAME	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input 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 _____		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. Dissolution of Candidate Committee <input checked="" type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution 8-27-18 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 CHARLES T. MISSIG Type or Print Name		Charles T. Missig Signature Date 8-27-18	
Candidate CHARLES T. MISSIG Type or Print Name		Charles T. Missig Signature Date 8-27-18	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

139CZ9

2. Committee Name

CTE CHARLES T. MISSIG

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS

Column I
This Period

Column II
Cumulative this election cycle

3. Contributions

a. Itemized (Schedule 1A - Column 6) (3a.) \$

b. Unitemized (less than \$20.01 each - no Schedule) (3b.) \$ NOT APPLICABLE

c. Subtotal of "Contributions" (3c.) \$

(18.) \$

4. Other Receipts (Schedule 1A -1, Column 6) (4.) \$

(19.) \$

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (5.) \$
(Add Line 3c + Line 4)

(20.) \$

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.) \$ 419.05

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.) \$ 419.05

(23.) \$

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 (11.) \$
(Add Line 10a + Line 10b)

(24.) \$

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 1E) (12a.) \$

b. Owed to the Committee (Schedule 1E) (12b.) \$

BALANCE STATEMENT

13. Ending Balance of last report filed (13.) \$ 419.05
(Enter zero if no previous reports have been filed.)

14. Amount received during reporting period (14.) + \$ 0

15. SUBTOTAL Add lines 13 and 14 (15.) = \$ 419.05

16. Amount expended during reporting period (16.) - \$ 419.05
(Add lines 9 and 11)

17. ENDING BALANCE (17.) \$ 0
(Subtract line 16 from line 15)



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139629
2. Committee Name CTE CHARLES T. MISSIG

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>THE HUB</u> Address <u>16780 21 MILE</u> <u>MACOMB, MI 48044</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ELECTION NIGHT CELEBRATION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-7-18</u> Date	<u>\$ 165.36</u>
Expenditure #2 Name <u>FAMILIES AGAINST NARCOTICS</u> Address <u>34385 GARFIELD</u> <u>FRASER, MI 48026</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>8-27-18</u> Date	<u>\$ 253.69</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 419.05
Grand Total of all Schedules 1B
(Complete on last page of Schedule) 419.05

Enter this total
on line 8a of
Summary Page