MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 07/23/18 to 08/20/18

1. Committee I.D. Number
139625

2. Committee Name
David P. Robertson

4. Candidate Last Name: Robertson | First Name: David | M.I.: P

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

4b. County of Residence **MACOMB**

5. Committee's Mailing Address
57341 Suffield
Washington Twp., MI 48094

Area Code and Phone (586) 873-9206

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
David P. Robertson
57341 Suffield
Washington Twp., MI 48094

Area Code & Phone (586) 873-9206

7. Treasurer's Business Address
57341 Suffield
Washington Twp., MI 48094

Area Code and Phone (586) 873-9206

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)

Area Code and Phone

FILED
18 SEP 11 PM 4:16
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

9. TYPE OF STATEMENT

9a. [ ] Pre-Election OR 9b. [X] Post-Election

Pre-Election or Post-Election Statement relates to:

[X] Primary
[ ] General
[ ] Convention
[ ] Special
[ ] School
[ ] Caucus

Date of Election, Convention or Caucus
08/07/18

Required ONLY if candidate is not on the ballot for the current year:

[ ] July Quarterly
[ ] October Quarterly

9c. [ ] Annual Statement (________)
Coverage Year

9d. [ ] Amendment to Campaign Statement (Complete item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. Dissolution of Candidate Committee

[X] 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 oustanding assets, owes no lates fees or has any oustanding debt.

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

Effective date of dissolution
09/07/18

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

... that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of ... knowledge and belief the contents are true, accurate and complete.

David P. Robertson — Signature: [signature] — Date 9/07/2018
Typed or Printed Name

David P. Robertson — Signature: [signature] — Date 09/07/2018
Typed or Printed Name

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139625

SUMMARY PAGE
CANDIDATE COMMITTEE

2. Committee Name David P. Robertson

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) $	600.00	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $	$600.00	(18.) $ $1,200.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $	$0.00	(19.) $ $0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $	$600.00	(20.) $ $1,200.00
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	$0.00	(21.) $ $1,745.22
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $	$0.00	(22.) $ $0.00
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) $	$1,200.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) $	$0.00	
c. Unitemized (less than $50.01 each - no Schedule)	(8c.) $	$0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) $	$1,200.00	(23.) $ $1,200.00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) $	$0.00	
b. Unitemized (less than $50.01 each - no Schedule)	(10b.) $	$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) $	$0.00	(24.) $ $0.00
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) $	$0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) $	$0.00	

BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $	$600.00
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	$600.00
15. SUBTOTAL Add lines 13 and 14	(15.) = $	$1,200.00
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	$1,200.00
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	$0.00

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139625

2. Committee Name David P. Robertson

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 08/06/18

Name & Address:

Four Corners Diner
231 E. St. Clair St.
Romeo, MI 48065

$ 500.00 $ 500.00

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Click Here for Memo Itemization

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

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3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/06/18

Name & Address

Kathleen M. Edwards
150 First St.
Romeo, MI 48065

$ 100.00 $ 100.00

5. If over $100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation Retired Employer _____

Business Address _____

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

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3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address:

$ _____ $ _____

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

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

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3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address

$ _____ $ _____

5. If over $100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal	$600.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	$600.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139625

2. Committee Name David P. Robertson

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Romeo Printing Address 225 N. Main St. Romeo, MI 48065 ☐ Fund Raiser	Purpose: Post Cards/Mailing ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/06/18 Date Click Here for Memo Itemization Type	$ 1200.00
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date Click Here for Memo Itemization Type	$ _____
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date Click Here for Memo Itemization Type	$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date Click Here for Memo Itemization Type	$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date Click Here for Memo Itemization Type	$ _____

Subtotal this page	$1,200.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)	$1,200.00

Enter this total on line 8a of Summary Page