



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: <u>08/21/18</u> to <u>09/14/18</u>	
1. Committee I.D. Number <b>139625</b>	4. Candidate Last Name <b>Robertson</b> First Name <b>David</b> M.I. <b>P</b> 4a. Office Sought Including District # or Community Served (If applicable)  4b. County of Residence <b>MACOMB</b>
2. Committee Name <b>David P. Robertson</b>	6. Treasurer's Name & Residential Address <b>David P. Robertson</b> <b>57341 Suffield</b> <b>Washington Twp., MI 48094</b>  Area Code & Phone <b>(586) 873-9206</b>
5. Committee's Mailing Address <b>57341 Suffield</b> <b>Washington Twp., MI 48094</b>  Area Code and Phone <b>(586) 873-9206</b> 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.	8. Designated Record Keeper's Name and Address (If the committee has Designated Record Keeper)  Area Code and Phone
7. Treasurer's Business Address <b>57341 Suffield</b> <b>Washington Twp., MI 48094</b>  Area Code and Phone <b>(586) 873-9206</b>	8. Designated Record Keeper's Name and Address (If the committee has Designated Record Keeper)  Area Code and Phone
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 <u>08/07/18</u>	
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. 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 <u>09/14/18</u>  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 <u>David P. Robertson</u> Signature <u>David P. Robertson</u> Date <u>9/14/2018</u> Candidate <u>David P. Robertson</u> Signature <u>David P. Robertson</u> Date <u>9/14/2018</u>	



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
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$0.00</u>	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>\$0.00</u>	(19.) \$
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>\$0.00</u>	(20.) \$
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$575.00</u>	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>\$0.00</u>	(22.) \$
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$0.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>\$0.00</u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$0.00</u>	(23.) \$
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>\$0.00</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	<u>\$0.00</u>	(24.) \$
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>\$0.00</u>	
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed)	(13.) \$	<u>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$0.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$0.00</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	<u>\$0.00</u>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139625

CANDIDATE COMMITTEE

2. Committee Name David P. Robertson

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
--	---	--------------------------------------	--

Contribution #1 Name & Address: <b>David P. Robertson</b> 57341 Suffield Washington Twp., MI 48094  If over \$100.00 cumulative, please provide: Occupation: <b>Teacher</b> Employer Name & Business Address: Romeo Community Schools 316 N. Main St. Romeo, MI 48065  <input type="checkbox"/> Fund Raiser Contribution	<input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Return of Money Donated by a Corporation</u> 5. Date Of Receipt: <u>09/14/18</u> 6. Vendor Name & Address: <b>Four Corners Diner</b> 231 E. St. Clair St. Romeo, MI 48065 <a href="#">Click Here for Memo Itemization</a>	\$ <u>500.00</u>	\$ <u>500.00</u>
---	---	------------------	------------------

Contribution #2 Name & Address: <b>David P. Robertson</b> 57341 Suffield Washington Twp., MI 48094  If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	<input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Late Fees Due for Campaign Statement</u> 5. Date Of Receipt: <u>09/14/18</u> 6. Vendor Name & Address: <b>Macomb County Clerk</b> 32 Market St. Mt. Clemens, MI 48043 <a href="#">Click Here for Memo Itemization</a>	\$ <u>75.00</u>	\$ <u>75.00</u>
---	---	-----------------	-----------------

Contribution #3 Name & Address:   If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	<input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address: <a href="#">Click Here for Memo Itemization</a>	\$	\$
---	--	----	----

Page Subtotal	\$ <u>575.00</u>	\$ <u>575.00</u>
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	\$ <u>575.00</u>	

Enter this total  
on line 6 of Summary  
Page



DAVID P ROBERTSON 12-94  
HEATHER M ROBERTSON  
57341 SUFFIELD DR  
WASHINGTON, MI 48094-3556

3940

9-14-18

Date

Pay to the  
Order of

Four Corners Diner

\$ 500.00

Five Hundred dollars + 00/100

Dollars



Photo  
Safe  
Deposit®  
Details on back

PNC BANK

PNC Bank, N.A. 070

For Return of Donation

*David Robertson*

DAVID P ROBERTSON 12-94  
HEATHER M ROBERTSON  
57341 SUFFIELD DR  
WASHINGTON, MI 48094-3556

3939

9-14-18

Date

Pay to the  
Order of

Macomb County Clerk

\$ 75.00

Seventy five dollars + 00/100

Dollars



Photo  
Safe  
Deposit®  
Details on back

PNC BANK

PNC Bank, N.A. 070

For #1391625

*David Robertson*