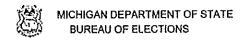


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

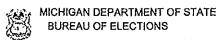
| Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca | signed by indidate. | 3. This Statement covers From | 17-/19 10 | 7/21/19 | | | |
|---|------------------------|--|--|-----------------------------------|--|--|--|
| 1. Committee I.D. Number | | 4. Candidate Last Name | First Name | M.I. | | | |
| 231397 | | Berdy | Connor | | | | |
| 2 Committee Name | | 4a. Office Sought Including District # or Community Served (If applicable) | | | | | |
| 2. Committee Name . Fricads of | | Board Member - Local | | V | | | |
| CIE Connor Berdy | | 4b. County of Residence MAC | OMB 🔄 | | | | |
| 5. Committee's Mailing Address | | 6. Treasurer's Name & Resider | | | | | |
| 32252 Hawthrone Warren MI 4809 | 2 | Connor Berdy 32252 | Hawthorne MI 480 |)92 | | | |
| | | | | | | | |
| | | | | 3 3 | | | |
| Area Code and Phone | | | | | | | |
| If the address in this box is different from the commi mailing address on the Statement of Organization, r | | | | | | | |
| be sent to this address by the filing official. | Area Code & Phone | | | | | | |
| 7. Treasurer's Business Address | | 8. Designated Record Keeper' Designated Record Keeper) | s Name and Address (If the | committee has a | | | |
| | | * ! | | igo 🚗 | | | |
| | | | | 数の | | | |
| | | | | | | | |
| | | : | | , | | | |
| Area Code and Phone | | Area Code and Phone | | | | | |
| 9. TYPE OF STATEMENT | Boguired O | All V if annelidate | 9e. Dissolution of Candi | date Committee | | | |
| 9a. Pre-Election OR 9b. Post-Election | is not on the | NLY if candidate ballotfor the | By checking this item i | I/We certify any outstanding debt | | | |
| Pre-Election or Post-Election Statement relates to: | current year | • | 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, | | | | |
| X Primary | July Quar | terly | owes no lates fees or has a | | | | |
| General | October C | Quarterly | Further if the discolution of | annot be granted, that this be | | | |
| Convention | | | considered a request for the | e Reporting Walver. | | | |
| Special | 9c. 🗖 🗸 | | | | | | |
| School | L_ Annu | al Statement () Coverage Year | Effective date of | dissolution | | | |
| Caucus | 9d Amer | ndment to Campaign Statement | | | | | |
| Lioadeas | (Com | plete Item 9a, 9b, 9c or 9e to ate which Statement is being | | sidual funds must be reported on | | | |
| | amen | ded.) | Schedule 1B and the Sum | mary Page. | | | |
| Date of Election, Convention or Caucus | | | | | | | |
| 08/06/20 | | | | | | | |
| | | | ## A TO | | | | |
| 10. Verification: I/We certify that all reasonable dilig | ence was used | in the preparation of this statem | I ent and attached schedules | (if any) and to the best of | | | |
| mylour knowledge and belief the contents are true, | accurate and c | omplete. | m / | A. T | | | |
| Current Treasurer or | Berlu | , (AA/ | | 7/26/19 | | | |
| Designated Record keeper Type or Print Name | | Signature | Date | | | | |
| Lance B. | , colci | 1 . // | 01/ | 2/7/19 | | | |
| Candidate CONNO/ De | 2009 | 1 /W/ | Date | 7/01/1 | | | |
| Type or Print Name | <u> </u> | Signature | | | | | |



SUMMARY PAGE CANDIDATE COMMITTEE 1. Committee I.D. Number 231397

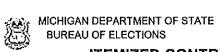
Friends Of E Connor Budy
2 Committee Name

| RECEIPTS | Column I | Column II |
|--|-------------------------------|--------------------------------|
| 3. Contributions | This Period | Cumulative this election cycle |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ 18,275.00 | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ NOT APPLICABLE | |
| c. Subtotal of "Contributions" | (3c.) \$_\$18,275.00 | (18.) \$ |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ | (19.) \$ |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ \$18,275.00 | (20.) \$ |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ | (21.) \$ |
| 7. In-Kind Expenditures (Schedule 1B-lK, Column 6) | (7.) \$ | (22.) \$ |
| EXPENDITURES | | |
| 8. Expenditures | 040,407,00 | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ \$10,407.33 | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) \$ | |
| c. Uniternized (less than \$50,01 each - no Schedule) | (8c.) \$ | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$ \$10,407.33 | (23.) \$ |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | |
| 10. Disbursements a. Itemized (Schedule 1C, Column 6) | (10a.)\$ | |
| b. Unitemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS | (10b.)\$ | |
| (Add Line 10a + Line 10b) | (11.) \$ | (24.) \$ |
| DEBTS AND OBLIGATIONS 12. Debts and Obligations | (11.7) | (=:), 4 |
| a. Owed by the Committee (Schedule 1E) | (12a.)\$ 7,700 | |
| b. Owed to the Committee (Schedule 1E) | (12b.) \$ | |
| | BALANCE STATEMENT | L |
| 13. Ending Balance of last report filed | (13.) \$ \$0.00 | |
| (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period | (14.) + \$ \$18,275.00 | |
| (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 | (15.) = \$ <u>\$18,275.00</u> | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.)- \$ \$10,407.33 | |
| 17. ÈNDING BALANCE (Subtract line 16 from line 15) | (17.) \$ \$7,867.67 | * |
| | | |



| 1. Committee I.D. Number _ | | |
|----------------------------|--|--|
|----------------------------|--|--|

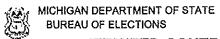
| CAN | DIDATE C | O | MMITTEE | | 2. Committee Name | | |
|--|----------------------------|--------------|--------------------------------|---------------------------|---|---|--|
| Enter contributor's name an middle initial. Check box to Committee (PAC) Report all | indicate if contri | buti | on is from a Political (| | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution # 1 Name & Address: Leah Berdy 32252 | PAC Receipt? Hawthorn | | | | 01/23/19 | ese num en men en e | |
| | | | | | | _{\$} 100 | \$ |
| 5. If over \$100.00 cumulati Occupation Retail | ve, please prov | | : _{mployer} _Kohls | | | Click Here f | or Memo Itemization |
| Business Address 1265 | Coolidge H | W | / Troy MI 4808 | 4 | | | |
| Type of Contribution: | | | Loan from a person | | Fund Raiser | | , |
| Contribution #2 F Name & Address | AC Receipt? |] | YES 4. Date of | Receipt | 02/19/19 | e tidaki kasaka sesa su xasak su ya paga paga ani ingapaga paga paga paga paga paga paga pa | ng gananappanguan makatik mbanarang satupgi pagagang apasangsa |
| Paula Tryloff 44 Ca | ambridge E | 3 v | d Pleasnt Ridg | e Ml 4 | 180969 | ş 99 | \$ |
| 5. If over \$100.00 cumulati | ve, please prov | ide | : | | | Click Here for | or Memo Itemization |
| Occupation | | En | ployer | | | | |
| Business Address | | | ··· | | | | |
| Type of Contribution: | irect [| | Loan from a person | | Fund Ralser | | |
| 3. Contribution #3 F Name & Address: Victoria Koffsky 52 5. If over \$100.00 cumulati | | | wood Avenue | | 1 <u>02/01/19</u> ago IL 60615 | \$ 50 Click Here fo | _ |
| | ivo, pidaso pro | | mployer | | | | |
| Occupation Business Address | <u>.</u> | - | .mpioyer | | | | |
| | Direct | | Loan from a person | X | Fund Raiser | | |
| Contribution # 4 Name & Address | PAC Receipt? | | YES 4. Date (| 25711350117-0-1-1-1-1-1-1 | ot 02/06/19 | ACT SOME REFER ENCORAGE STATE OF THE PROPERTY | |
| Brandon Dailey 22: 48390 | 205 Alexa | Dri | ve Commerce | Chart | ter Township MI | _{\$} 25 | \$ |
| 5. If over \$100,00 cumulat | ive, please pro | vide |): | | , | Click Here fo | or Memo Itemization |
| Occupation | | - | Employer | | | | Land 1 |
| Business Address | · · · | | | | | | |
| Type of Contribution: | Direct | | Loan from a person | Ø | Fund Raiser | | |
| | | | | | Page Subtotal | \$274.00 | |
| | | | | | nd Total of All Schedules 1A ete on last page of Schedule) | Enter this total on | |
| Pageof51 | | | | | | line 3a of Summa Page. | У |



CANDIDATE COMMITTEE 2. Committee Na

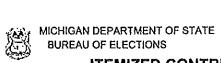
| 1, Committee I.D. Number | |
|--------------------------|--|
|--------------------------|--|

| C.F | MUIDATE | OIMIMITE | | 2. Committee Name | | |
|--|-----------------------|--|-----------|--|--|--|
| Enter contributor's name middle initial. Check box Committee (PAC) Repor | cto indicate if contr | nter last name, first name, tee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) | | |
| 3. Contribution # 1 Name & Address: | PAC Receipt? | YES 4. Date of | of Receip | 02/06/19 | ar a sandar a control of | |
| Name & Address: Daniel Colling 22 | 204 Martin S | aint Clair Shore | s MI 4 | 8081 | | |
| _ | | | | | _{\$} 25 | § |
| 5. If over \$100.00 cumu | lative, please pro | viđe: | | | Click Here fo | or Memo Itemization |
| Occupation | | _ Employer | | | Ollok, Toto s | |
| Business Address | | | <u> </u> | | | |
| Type of Contribution: | Direct | Loan from a person | X | Fund Raiser | d september of the contract of | wagayyaan maaniin qualiista maan Hagayay wa mahaa maan wa talkisha da ka |
| 3. Contribution #2 Name & Address | PAC Receipt? | YES 4. Date of | of Receip | 02/06/19 | | |
| Erin Butler 4031 | Los Angeles | Avenue #15 Wa | arren 1 | MI 48091 | ş <u>25</u> | \$ |
| 5. If over \$100.00 cumulative, please provide: | | | | | Click Here fo | or Memo Itemization |
| Occupation | | Employer | | | | |
| Business Address | | <u></u> | | | | |
| Type of Contribution: | Direct | Loan from a person | | Fund Raiser | Dagament garing sentang kanangan kanangan kanangan kanangan kanangan kanangan kanangan kanangan kanangan kanan | orden er sen |
| 3. Contribution # 3 Name & Address: | PAC Receipt? | YES 4. Date | of Recei | ^{pt} 02/19/19 | | |
| Scott Sibley 254 | 5 Parkwood | Toledo OH 4361 | 0 | | 50 | |
| | | | | | _{\$} 50 | - \$ |
| | | | | | Click Here fo | r Memo Itemization |
| 5. If over \$100.00 cum | ılative, please pro | vide: | | | Ollow Here so | Wellio Relinization |
| Occupation | | Employer | | MIN STATE | | |
| Business Address | T.D | | - I-J | 1 | | |
| Type of Contribution: | Direct | Loan from a person | | | | osainkasilikkosta assainkasaanna ja |
| 3. Contribution # 4 Name & Address | PAC Receipt? | YES 4. Date | e of Rece | olpt 02/18/19 | | |
| Travis Legault 2 | 00 Bicentenn | ial Cir Apt 244 S | Sacran | nento CA 95826 | | |
| | | | | | _{\$} 25 | _ S |
| 5. If over \$100,00 cum | ulative, please pro | ovide: | | | Click Here fo | or Memo Itemization |
| Occupation | | Employer | | | 0,10,1101010 | |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a persor | 1 V | Fund Raiser | | |
| ,, | | | | Page Subtotal | \$125.00 | |
| | • | | Gr | and Total of All Schedules 1A | * 1 | |
| | | | | lete on last page of Schedule) | Enter this total on | |
| Page 2 of 51 | | | | | line 3a of Summar Page. | у |



| 1. Committee I.D. Number | |
|--------------------------|--|
| | |

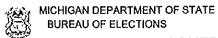
| CA | NDIDATE | OWN | IIIEE | | 2. Committee Name | | |
|---|----------------------|---|------------------|--|---|---|---|
| Enter contributor's name middle initial. Check box Committee (PAC) Report | to indicate if contr | ster last name, first name, ae or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) | | | |
| 3. Contribution # 1 | PAC Receipt? | YES | 4. Date of I | Receipt | 03/04/19 | | |
| Name & Address: Kaitlin Fazio 499′ | Mindy Lynr | n Dr S | terling Hts N | /II 48 | 310 | | |
| | | | | | | ,25 | s |
| 5. If over \$100.00 cumul | ativo niesse nro | vida. | | | | <u> </u> | |
| Occupation | | | over | | | Click Here for | or Memo Itemization |
| Business Address | | • • | • | | | | |
| Type of Contribution: | Direct | Loai | n from a person | N | Fund Raiser | | |
| 3. Contribution #2 Name & Address | PAC Receipt? | YES | 4. Date of I | Receipt | 03/04/19 | ar existin arazardin eka ezak di dakak pentin da et ekipete 2 de ezak et este erek ette erek ette erek erek et | generalisen er en friedere er en en grunnlichte er en |
| Patricia Swartz 2 | 4651 Lakela | nd St. | . Farmington | Hills | : MI 48336 | <u>\$</u> 25 | . \$ |
| 5. If over \$100,00 cumu | ative, please pro | vide: | • | | | Click Here fo | or Memo Itemization |
| Occupation | | Employ | er | | | | |
| Business Address | | | | | <u> </u> | | |
| Type of Contribution: | Direct | Loar | n from a person | X | Fund Raiser | | |
| Name & Address: Jack McNeik 441 5. If over \$100.00 cumu | | | IL 61265 | | | \$ 10 Click Here fo | r Memo Itemization |
| Occupation | | Empi | oyer | | | | |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | Loa | n from a person | <u> </u> | Fund Raiser | moontimed the first trick to the construction of the construction | ginnerssammersein varies settemas propriession in the second settemas settemas second |
| Contribution # 4 Name & Address | PAC Receipt? | ∐ Y! | ES 4. Date of | of Recei | pt 03/05/19 | | |
| Alex Kubie 39 St | ıdbury Road | Morg | anville NJ 7 | 751 | | _{\$} 30 | |
| 5. If over \$100,00 cum | ılative, please pro | vide: | | | | Click Here fo | or Memo Itemization |
| Occupation | | _ | mployer | | | | |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | Lo | an from a person | N | Fund Raiser | | |
| | | | | , | Page Sublotal | \$90.00 | |
| | | | | | and Total of All Schedules 1A lete on last page of Schedule) | Enter this total on | |
| Page 4 of 51 | | | | | | line 3a of Summar Page. | у |



CANDIDATE COMMITTEE 2. Committee Name

| 1. Committee I.D. Number | |
|--------------------------|--|
| | |

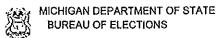
| C, | ANDIDA I E C | OIVII | AHLIEE | | 2. Committee Name | | |
|---|---|----------|------------------------|----------|---|--|--|
| Enter contributor's name middle initial. Check bo Committee (PAC) Repor | x to indicate if contr | bulion | is from a Political Co | | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution # 1 | PAC Receipt? | ΥE | S 4. Date of R | eceipt | 02/28/19 | | |
| _{Name & Address:} Amber Ruffin 498 | 339 Labaere | — Мас | omb MI 48044 | | | | |
| | | | | | | _{\$} 100 | \$ |
| 5. If over \$100.00 cumulative, please provide: Occupation Accounts Recivable Employer Terminal Supply Co. | | | | | | Click Here fo | or Memo Itemization |
| Business Address 180 | 0 thunderbir | d Tro | y MI 48084 | | | | |
| Type of Contribution: | Direct | Lo | an from a person | X. | Fund Raiser | | |
| 3. Contribution #2 Name & Address | PAC Receipt? | YE | S 4, Date of R | eceipt | 03/01/19 | | |
| Joel Rutherford | 5683 Storrow | Cou | ırt Warren MI 4 | 1809 | 2 | _{\$} 100 | \$ |
| 5. If over \$100.00 cumu | ilativa niassa nro | uide: | | | | Click Here fo | or Memo Itemization |
| Occupation Retired | | Emplo | oyer | | | Sugar Toro A | |
| Business Address | | | ·-···· | | | | |
| Type of Contribution: | Direct | Lo | an from a person | <u> </u> | Fund Raiser | Managana and a same an | |
| 3. Contribution # 3 Name & Address: Ethan Petzold 4 | PAC Receipt? 5415 Brunsw | LI | | | 7 | _{\$} 10 | . \$ |
| 5. If over \$100.00 cum | ulative, please pro | vide: | | | | Click Here fo | r Memo Itemization |
| | | | ployer | | | | |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | Lo | an from a person | | Fund Raiser | | astaluspysiastaspysiastaspysiastaspysiastaspysiastaspysiastaspysiastaspysiastaspysiastaspysiastaspysiastaspysi |
| Contribution # 4 Name & Address | PAC Receipt? | | YES 4. Date of | Receip | 03/03/19 | | |
| Shane Pliska 18 | 51 Cragin Dr | . Blo | omfield Hills M | II 48 | 302 | | |
| | - · · · · · · · · · · · · · · · · · · · | | | | | _{\$} 25 | . \$ |
| 5. If over \$100.00 cum | ulative, please pro | vlde: | | | | Click Here fo | or Memo Itemization |
| Occupation | | _ | Employer | | | 5,10,11,010,30 | |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | L | oan from a person | | Fund Raiser | | |
| | | | | 7 | Page Subtotal | \$235.00 | |
| | | | (0 | | nd Total of All Schedules 1A ste on last page of Schedule) | Enter this total on | |
| Page 3 of 51 | | | | | | line 3a of Summar Page. | у |



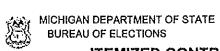
CANDIDATE COMMITTEE 2. Committee Name

| 1. Committee I.D. Number | |
|--------------------------|------|
| | |

| | ANDIDAIL | _ | 7 1 1 1 1 1 1 1 1 1 | | Z. COMMINGO RAMIO | | |
|--|----------------------|----------|---------------------------------------|--------|---------------------------------------|--|--|
| 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? | WHI CHES | YES 4. Date of F | (eceip | 03/06/19 | | |
| _{Name & Address:} Nicholas Duverı | nois 28 Grand | Ri | ver Ave. Detroit | MI | 48226 | - | |
| | | | | | | _{\$} 25 | \$ |
| 5. If over \$100.00 cum | ulative, please pro | vide | : | | | Click Horo | for Memo Itemization |
| Occupation | | _ E | mployer | | | Click Fiele | IOI WIEITIO RETINZERION |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | 701010 | Loan from a person | X | Fund Raiser | | |
| 3. Contribution #2 Name & Address | PAC Receipt? | , | YES 4. Date of F | Receip | 03/06/19 | Emission quyan | |
| William MacGre 48314 | gor 7664 Orle | ean | s Avenue East | Ster | ling Heights MI | _{\$} 25 | \$ |
| 5. If over \$100.00 cum | | | | | | Click Here t | or Memo Itemization |
| Occupation | | - En | ployer | | | | |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | | Loan from a person | X | Fund Raiser | | ennemperaturis processor en estat estat de la companya de la companya de la companya de la companya de la comp |
| 3. Contribution # 3 | PAC Receipt? | | YES 4. Date of | Recei | ^{pt} 03/06/19 | | |
| Name & Address: Carole Chi 353 | 25 Moravian [| Or. | Sterling Heights | MI | 48312-4449 | _s 25 | |
| | | | | | | <u></u> | - \$ |
| 5. If over \$100.00 cun | nulative, please pro | vide |): | | | Click Here for | or Memo Itemization |
| Occupation | · | _ E | mployer | | · · · · · · · · · · · · · · · · · · · | | |
| Business Address | | | · | 12-2- | | | |
| Type of Contribution: | Direct | | Loan from a person | Z. | Fund Raiser | men papamaannamannamanintainintainintainin | |
| Contribution # 4 Name & Address | PAC Receipt? | | YES 4. Date of | Rece | ipt <u>03/06/19</u> | | |
| Colton Dale 760 |) Hidden Lan | e G | rosse Pointe W | ood | s MI 48236 | | |
| | | _ | | | | ,25 | • |
| | | | | | | • | _ \$ |
| 5. If over \$100.00 cu | nulative, please pr | ovid | e: | | | Click Here f | or Memo Itemization |
| Occupation | | - | Employer | | | | |
| Business Address | | | | | | | |
| Type of Contribution | Direct | | Loan from a person | Y | Fund Raiser | | |
| | | | | 7 | Page Subtot | al \$100.00 | |
| | | | • | | and Total of All Schedules 1 | | |
| ,. . | | | (| Comp | lete on last page of Schedul | Enter this total or line 3a of Summa | |
| Page 5 of 51 | | | | | | Page. | ny |

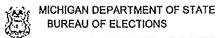


| CANDIDATE COMMITTEE 2. Committee Name | | |
|---|--|--|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> 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 03/06/19 | | |
| Kayla Kulon 18183 Mackay Dr Macomb MI 48042 | | |
| | <u>\$</u> 20 | \$ |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Employer | *************************************** | Line |
| Business Address | | |
| Type of Contribution: Direct Loan from a person 🗡 Fund Raiser | Militaria (espanye) in a seconda (seconda seconda seconda seconda seconda seconda seconda seconda seconda seconda se | |
| :. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/06/19 | | |
| Cardi DeMonaco 23225 OAKWOOD AVE EASTPOINTE MI 48021-3525 | ş <u>50</u> | \$ |
| 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 | | |
| Robert Fetter 21816 Shady Lane Avenue Saint Clair Shores MI 48080 | ş 50 | \$ |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | r 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 03/06/19 Name & Address | Section of the property of the section of the secti | ti te filosofie e e e e e e e e e e e e e e e e e e |
| Teri Dennings 25196 Independence Trail Warren MI 48089 | _{\$} 50 | \$ |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | r Memo Itemization |
| Occupation Employer | | i i i i i i i i i i i i i i i i i i i |
| Business Address | | |
| Type of Contribution: Direct Loan from a person 🔥 Fund Raiser | | eksely entrodoksionistaaninassa on maassa on maassa ja suurjustus erikkis est kästeksele tärettää. |
| Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) | V | , |



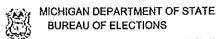
| 1. Committee I.D. Number _ | |
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| C/ | AMDIDA I E C | CIVITALLIEE | | 2. Committee Name | | |
|--|------------------------|-----------------------------|-----------------|--|--|--|
| | x to Indicate if conti | ribution is from a Politica | | , enler last name, first name, nittee 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 | elpt 03/09/19 | | A CONTRACTOR OF THE PROPERTY O |
| _{Name & Address:} Kevin Susalla 3: | 3958 Curcio | — Drive Sterling H | eight | s MI 48310 | | |
| | | • | - | | _s 50 | |
| | | | | | \$ 00 | _ \$ |
| 5. If over \$100.00 cum | | | | | Click Here | for Memo Itemization 🕎 |
| Occupation | <u></u> | _ Employer | | | | |
| Business Address | | | | <u> </u> | | |
| Type of Contribution: | Direct | Loan from a persor | Section Chicago | Fund Raiser | tat gangammangapansanayaanaksansanahasad | militaris estaturas emperarramentaris (staturas estaturas estaturas estaturas estaturas estaturas estaturas est |
| 3. Contribution #2 Name & Address | PAC Receipt? | YES 4. Date | of Rece | elpt <u>03/09/19</u> | | |
| Sherry Sellinger | 430 Abbey V | Wood Ct. Roches | ster N | MI 48306 | F A | |
| , , | • | | | | <u>\$50</u> | _ \$ |
| | | | | | | For |
| 5. If over \$100.00 cum | | | | | Click Here | for Memo Itemization |
| Occupation | | _ Employer | ··· | | | |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a person | | ∬ Fund Raiser | | terren on bestelle de la companya d |
| 3. Contribution #3 | PAC Receipt? | YES 4. Date | of Rec | celpt 03/09/19 | | |
| Name & Address: Linda Koch 305 | 33 Ridaefield | Ave Warren MI | 4808 | 38 | | |
| Elliqui (Coli Coo | oo i waganala | THE THE COLUMN | 1000 | | _{\$} 30 | \$ |
| - | | | | | Olfal, Llaur A | |
| 5. If over \$100.00 cum | ulative, please pro | ovide: | | | Click Here t | or Memo Itemization |
| Occupation | | Employer | | | | |
| Business Address | <u></u> | | | | | |
| Type of Contribution: | Direct | Loan from a person | تقديبيونيون | X Fund Raiser | | ing period page page page and a period of the period of th |
| 3. Contribution # 4 Name & Address | PAC Receipt? | YES 4. Dat | te of Re | oceipt 03/06/19 | | |
| Pamela Kellar 5 | 9987 Carlton | N APT B Wash | ingto | n MI 48094 | | |
| | | | _ | | _{\$} 200 | ¢ |
| | | | | | য | _ \$ |
| 5. If over \$100.00 cum | | ovide: | | | Click Here t | for Memo Itemization |
| Occupation Retired | <u> </u> | Employer | | | | البينيدا |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a perso | n [| Fund Raiser | | |
| | | | | Page Subtota | \$350.00 | |
| | | | (| Grand Total of All Schedules 1A | | |
| | | | (Cor | mplete on last page of Schedule | Enter this total or | |
| Page 6 of 51 | _ | | | | line 3a of Summa Page. | ary |



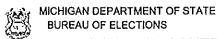
| 1. Committee I.D. Number | | |
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| | | |

| CANDIDATE COMMITTEE 2. Committee Name | | |
|--|--|---|
| 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 03/06/19 | - | |
| Shelby Parkes 668 Camden CT Rochest Hills MI 48307 | | |
| | <u>\$</u> 50 | \$ |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Employer | | · · |
| Business Address | | |
| Type of Contribution: Direct Loan from a person X Fund Raiser | | INNERNATURALINA DE LA CONTROL |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/06/19 Name & Address | | |
| Claudia Wilczynski 48714 Hidden Oaks Lane Shelby Township Ml 48317 | ş <u>50</u> | . \$ |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 03/06/19 Name & Address: Ronald Leggett 5226 Kensington Detroit MI 48224 | _{\$} 50 | . \$ |
| 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 1/1 Fund Raiser | ingsis Junes susan suursiken seesa sukseesa keesta sukseesa suurius | larituses es escilaridades successos o proposições proposições escolares estas estas estas estas estas estas e |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/06/19 Name & Address | - | |
| Kenny Jurban 18636 Fitzpatrick St Detroit MI 48228 | | |
| · · · · · · · · · · · · · · · · · · · | _{\$} 200 | . \$ |
| 5. If over \$100.00 cumulative, please provide: | 0.1.14 | , , , |
| Occupation Owner Employer Acme Plating | Click Here to | r Memo Itemization |
| Business Address 18636 Fitzpatrick St Detroit MI 48228 | | |
| Type of Contribution: Direct Loan from a person Y., Fund Raiser | | |
| Page Subtota | al \$350.00 | |
| Grand Total of All Schedules 1/ (Complete on last page of Schedule | Enter this total on | |
| Page 7 of 51 | line 3a of Summar Page. | <i>f</i> |



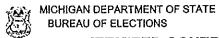
| 1. Committee I.D. Number | |
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| C.F | MUIDAIEC | | IEE | | 2. Committee Name | | |
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| Enter contributor's name middle initial. Check bo Committee (PAC) Report | to indicate if conti | ibulion is fro | m a Political C | dual, e commit | nter last name, first name, tee 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 | Receip | 03/06/19 | WENT SHIPE S | |
| Name & Address: Andrey Duzyj 26 | 657 Haverhi | II Dr Wai | rren MI 48 | 3091 | | | |
| | | | | | | _s 50 | _ |
| | | | | | | \$00 | § |
| 5. If over \$100.00 cumu | | | | | | Click Here fo | or Memo Itemization |
| Occupation | | _ Employer | ſ <u></u> | | | | |
| Business Address | 1 | <u> </u> | | N | B. IBd. | | |
| Type of Contribution: | Direct | Miranaconno para de como en | m a person | | Fund Raiser | Tanking and a supplication of the superior of | erakerakerakerakerakerakerakerakerakerak |
| 3. Contribution #2 Name & Address | PAC Receipt? | YES | 4. Date of | Keceip | ot <u>03/06/19</u> | | |
| Scott Brozowski | 32070 Knolly | wood Dr | Warren M | /II 48 | 092 | = 0 | |
| | | | | | | _{\$} 50 | \$ |
| | | | | | | | |
| 5. If over \$100.00 cum | | | | | | Click Here fo | r Memo Itemization |
| Occupation | | Employer_ | | | | | |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | Loan fro | m a person | Z. | Fund Raiser | | and the control of th |
| 3. Contribution #3 | PAC Receipt? | YES | 4. Date of | f Recei | ipt 03/06/19 | | |
| Name & Address: Vincent Fazio 49 | 91 Mindy Ly | nn Dr St | erlina Hei | iahts | MI 48310 | 400 | |
| | · · · · · · · · · · · · · · · · · · · | | | J | | _{\$} 100 | . \$ |
| | | | | | | Click Hara fo | r Memo Itemization |
| 5. If over \$100.00 cum | ulative, please pro | vlde: | | | | Office Free for | Wello Rellization |
| Occupation Retired | | _ Employe | r | | | | |
| Business Address | - | <u> </u> | | | 1 | | |
| Type of Contribution: | Direct | | om a person | Ϋ́ | | andronii ir kirigi pilarini pagapapanan massana | and a service state of the control of |
| Contribution # 4 Name & Address | PAC Receipt? | YES | 4. Date of | of Rece | eipt <u>03/06/19</u> | | |
| Michael Notte 4 | 8728 Jamie | Cir Shell | oy Townsl | hip N | AI 48317 | | |
| | | | | | | _s 50 | ¢ |
| | | | | | | | . <u>Ψ</u> |
| 5. If over \$100.00 cum | ulative, please pr | ovide: | | | | Click Here fo | r Memo Itemization |
| Occupation | · ··· ····· | Empl | oyer | | | | |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | Loan fr | rom a person | N | Fund Raiser | | |
| and the state of t | and the second s | <u> </u> | | , , , , , , , , , , , , , , , , , , , | Page Subtotal | \$250.00 | |
| | | | | | rand Total of All Schedules 1A | | |
| | | | | (Comp | olete on last page of Schedule) | Enter this total on | - |
| Page 8 of 51 | • | | | | | line 3a of Summar Page. | y |



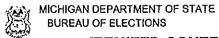
| 1. Committee I.D. Number | |
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| 1. Committee I.D. Number | |

| CA | NDIDATE C | 0 | MMITTEE 2. Committee Name | · | | |
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| | to indicate if contr | ibul | bution is from an individual, enter last name, first na ion is from a Political Committee or an Independen dless of amount. | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution # 1 Vame & Address: | PAC Receipt? | esetianises) | YES 4. Date of Receipt 03/06/19 | THE COLUMN THE PROPERTY OF THE | | 28 North Control of the Control of t |
| Eric Werner 1970 |) Acorn Glen | R | ochester Hills MI 48306 | | | |
| | | | | | <u>\$ 100</u> | \$ |
| 5, If over \$100.00 cumu | | | | | Click Here fo | r Memo Itemization |
| Occupation Self-Em | oloyea | _ | mployer | | | |
| Business Address | 7 | _ | V - 15. | | | |
| Type of Contribution: | Direct | 22500 | Loan from a person X Fund Raiser YES 4. Date of Receipt 03/06/19 | kalwawaikanwai | er i konstrument i konstrument kan | ครามการกระจากการให้เกิดใช้เกิดใช้การการการให้การการการการการการการการการการการการการก |
| 3. Contribution #2 Name & Address | PAC Receipt? | | 4, Date of Receipt 03/06/19 | | | |
| Melvin Logan 29 | 158 Gloede I |) Drì | ve Warren MI 48088 | | ş <u>30</u> | \$ |
| 5. If over \$100.00 cumu | lativa nlassa nrov | rida | , | | Click Here for | Memo Itemization |
| Occupation | | | nployer | | Chok Horo to | Mosilo Romazaron |
| Business Address | | | | _ | | |
| Type of Contribution: | Direct | 7 | Loan from a person Fund Raiser | | | |
| 3. Contribution #3 | PAC Receipt? | Γ | YES 4. Date of Receipt 03/06/19 | | esperiente en el les la missestra en en en entre transfer en el en | generalisen er eine eine er er eine gegen er <u>eine gegen er eine er eine er eine eine eine ein</u> |
| Name & Address: | 000 0 | ۸. | | | | |
| Mary Schmitz 23 | obs Saxony | A۱ | e Eastpointe MI 48021 | | _{\$} 25 | s |
| | | | | | | |
| 5. If over \$100.00 cumu | lative, please pro | vid | : | | Click Here for | Memo Itemization |
| Occupation | | . 1 | mployer | | | |
| Business Address | 7 | | N. I | | | |
| , | and the second s | | Loan from a person Fund Raiser | Hermonicovolonii liid. | necessories and a substitution of the substitu | engilitang kalamban kangan ang ng mangan ana ana nasaka and taki kikikinkan ana an sa B |
| Contribution # 4 Name & Address | PAC Receipt? | L | YES 4. Date of Receipt <u>03/15/19</u> | | | |
| Henry Yanez 440 | 052 Bery Driv | /e | Sterling heights MI 48312 | | | |
| | | | | | _{\$} 50 | \$ |
| 5. If over \$100.00 cum | .lative, please pro | vid | e: | | Click Here for | Memo Itemization |
| Occupation | | _ | Employer | | | laise-I |
| Business Address | | | | | | |
| Type of Contribution: | ∑i Direct | | Loan from a person Fund Raiser | | | |
| | | | Page | Subtotal | \$205.00 | - |
| | | | Grand Total of All Sched | | | |
| Q 51 | | | (Complete on last page of S | miennie) | Enter this total on line 3a of Summary | - |
| Page 9 of 51 | | | | | Page. | |



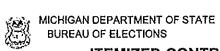
| 1. Committee I.D. Number | |
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| CANDIDATE COMMITTEE 2. Committee Name | | |
|--|--|---|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution 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 03/23/19 | noon en mente anno en | and the second and the second |
| Name & Address: Alex Bruens 727 Apple Tree Lane Boca Raton FL 33486 | | |
| | _{\$} 15 | \$ |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Employer | 0 | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 03/25/19 Name & Address | | |
| Olivia Vaden 611 Orleans Street Apt 30 Detroit MI 48207 | _{\$} 25 | \$ |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 03/25/19 Name & Address: | | |
| Chris Trott 1702 West Catalpa Avenue Chicago IL 60640 | _{\$} 100 | . \$ |
| | Click Here fo | r Memo Itemization |
| 5. If over \$100.00 cumulative, please provide: | | <u>#</u> |
| Occupation Sales Employer Hobsons | | |
| Business Address 30322 Wilson ave Arlington VA 22201 | | |
| Type of Contribution: | · management and the state of t | oppose sa proprio e e e e e e e e e e e e e e e e e e e |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 03/25/19 Name & Address | | |
| Jacqueline Berdy 3210 Evergreen Way Ellicott City MD 21042 | | |
| | _{\$} 200 | . \$ |
| 5. If over \$100.00 cumulative, please provide: | Click Hara fo | r Memo Itemization |
| Occupation Vice President Employer Genuine Genius LLC | Ollok Fiere to | Monto Romadion |
| Business Address 431 Clifton Place Suite 100 Minneapolis MN 55403 | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page Subtotal | \$340.00 | |
| Grand Total of All Schedules 1A | 1 | |
| (Complete on last page of Schedule) | Enter this total on line 3a of Summar Page. | |



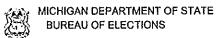
| 1. Committee I.D. Number | |
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| CANDIDATEC | OMMINI I EE | 2. Committee Name | | |
|--|------------------------|--|--|--|
| Enter contributor's name and address. If co middle initial. Check box to indicate if contri Committee (PAC) Report <u>all</u> contributions re | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) | | |
| 3. Contribution #1 PAC Receipt? | YES 4. Date of Rec | eipt 03/25/19 | | |
| Name & Address: Larry Lipton 2543 Essex Lane | Bloomfield Hills MI | 48304 | - | |
| | | | 20 | |
| | | | <u>\$ 20</u> | \$ |
| 5. If over \$100.00 cumulative, please prov | vide: | | Click Here fo | or Memo Itemization |
| Occupation | Employer | | Ollow Hard to | resta |
| Business Address | | | | |
| Type of Contribution: Direct | Loan from a person | Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? | YES 4. Date of Rec | eipt 03/26/19 | | |
| Adrian Kalinowski 42275 June | e Drive Sterling Heig | hts MI 48314 | 50 | |
| | | | _{\$} 50 | \$ |
| | | | | |
| 5. If over \$100.00 cumulative, please prov | ride: | | Click Here fo | r Memo Itemization |
| Occupation | Employer | | | |
| Business Address | | | | |
| Type of Contribution: Direct | Loan from a person | Fund Raiser | | : |
| 3. Contribution #3 PAC Receipt? | YES 4. Date of Rec | ^{ceipt} 03/26/19 | kkaan oo maa saasa qaraa kaan oo kaa kee oo oo maalaa qabahaa debba | alagadesenni maanna lärjän järjän yärän yäsää täävää karantasta väänää aivää käänää karantaja ja ja ja ja ja j |
| Name & Address: | | | | |
| Chase Enright 2603 Belfast A 49507 | venue Southeast Gi | rand Rapids MI | _{\$} 10 | • |
| 49507 | | | <u></u> | <u> </u> |
| 5. If over \$100.00 cumulative, please pro- | vide: | | Click Here for | r Memo Itemization |
| Occupation | Employer | | | |
| Business Address | | | | |
| Type of Contribution: X Direct | Loan from a person | Fund Raiser | and the second s | and which the first of the second |
| 3. Contribution # 4 PAC Receipt? | YES 4. Date of Re | eceipt 03/27/19 | | |
| Name & Address Amy Myers 1121 Heartwood | Drive Cherry Hill N.I. | 8003 | | |
| , any myors i ret i roantwood | Ditto onony niin ito | 0000 | _s 15 | |
| | | | \$ 10 | \$ |
| 5. If over \$100.00 cumulative, please pro | vide: | | Click Here fo | r Memo Itemization |
| Occupation | Employer | | | - |
| Business Address | | | | |
| Type of Contribution: V Direct | Loan from a person | Fund Raiser | | |
| | | Page Subtotal | \$95.00 | |
| | | Grand Total of All Schedules 1A | | _ |
| | | mplete on last page of Schedule) | Enter this total on | _ |
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| 1. Committee I.D. Number | *************************************** | |
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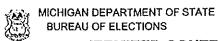
| CANDIDATE COMMITTEE 2. Committee Name | | |
|--|-----------------------------|--|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> 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 04/01/19 | | |
| Name & Address: Alexander Manwell 3829 North Fremont Apt. 3W Chicago IL 60613 | | |
| , | 500 | • |
| | _{\$} 500 | § |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Decupation Principle Employer Manwell Consulting | Oslon Floro to | , modern and a second |
| Business Address 3829 North Fremont Apt. 3W Chicago IL 60613 | | |
| Type of Contribution: Direct Loan from a person ' Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/08/19 | | |
| Name & Address | | |
| Jared Boot 1171 Joyce Lane Ann Arbor MI 48103 | 1 | |
| | \$ <u> </u> | \$ |
| F. M \$400.00 assessment to a state of the state of | Click Hore to | r Memo Itemization |
| 5. If over \$100.00 cumulative, please provide: | Click Hele to | I Mellio iternization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 04/22/19 | | |
| Name & Address: ——————————————————————————————————— | | |
| Bully Goodman 2000 i Normaon Wood y animigron y mio inc 1000 c | \$50 | \$ |
| | | |
| 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 04/22/19 | | |
| Name & Address Adams L. a Charle D. O. Boy 210 Sourcettack MI 10452 | | |
| Mark LaChey P.O. Box 219 Saugatuck MI 49453 | 250 | |
| | <u>\$250</u> | \$ |
| 5. If over \$100.00 cumulative, please provide: | -n | |
| Occupation Attorney Employer Law offices of Mark Lachey | Click Here for | Memo Itemization |
| | | |
| Business Address 345 Grand Street Saugatuck MI 49453 | | |
| Type of Contribution: Direct Loan from a person 📉 Fund Raiser | | |
| Page Subtotal | \$801.00 | _ |
| Grand Total of All Schedules 1A | | |
| (Complete on last page of Schedule) | Enter this total on | _ |
| Page of | line 3a of Summary Page. | • |



CANDIDATE COMMITTEE 2. Committee Name

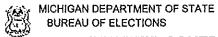
| 1. Committee I.D. Number | |
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| 40 | MADIDWIE | OTALIALLI LEE | | 2. Committee Name | | |
|---|----------------------|----------------------------|--------------|--|--|--|
| Enter contributor's name middle initial. Check box Committee (PAC) Repor | to indicate if contr | ibution is from a Politica | | enter last name, first name, nittee 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 04/23/16 | COLUMN STATE OF THE STATE OF TH | |
| _{Name & Address:} Shawn Conner 5 | 900 Waldon | ســــ Road Ste. A Cla | irksto | n MI 48436 | | |
| Onami Comici C | ooo malaan | | | | 050 | |
| | | | | | <u>\$250</u> | \$ |
| 5. If over \$100.00 cumu | lative, please prov | vide: | | | 09.111 6 | NA Houst office |
| Occupation Not Emp | | Employer | | | Click Here to | or Memo Itemization |
| | | | | | | |
| Business Address Type of Contribution: | Direct | | y y | Fund Reiser | | |
| ost ja mennijaansisten oosten oogaan ja ja mata ja mata ta mata | | Loan from a persor | annumus (SA) | Managaran and process and an arrangement and an arrangement and an arrangement and arrangement arrangement and arrangement arr | hanna ang ang ang ang ang ang ang ang ang | egogranigusvenerasistikkinggyerengarannanananharatikkinggaligaggaligikki |
| 3. Contribution #2 Name & Address | PAC Receipt? | YES 4. Date | or Kece | ipt <u>04/24/19</u> | | |
| Jim Rasor 502 W | / Lincoln Ro | val Oak MI 4806 | 37 | | | |
| Omi Nabor GOZ V | . Eliloolii i to | yar Garcivii 1000 | | | _s 100 | ę |
| | | | | | Ÿ <u></u> | Ψ |
| 5. If over \$100.00 cumu | ilative, piease pro | vide: | | | Click Here fo | or Memo Itemization |
| Occupation Attorney | | Employer Rasor L | aw | | | |
| Occupation 7 (10) | E 4th Davo | | | | | |
| Business Address 201 | =. 4111 KUya | - Oak Wii 46007 | | | | |
| Type of Contribution: | Direct | Loan from a person | , X | Fund Raiser | | |
| 3. Contribution # 3 | PAC Receipt? | YES 4. Date | of Rec | eipt 04/26/19 | | |
| Name & Address: | DE Eorne Of I | Linne Dotroit Mi | ላይኃስ | <u></u> | | |
| Wade Rakes 44 | o E relly Su | Obbi Demoit ivii | 4020 | 2 | _{\$} 50 | ¢ |
| | | | | | * | <u> </u> |
| 5. If over \$100.00 cum | ılative, please pro | vide: | | | Click Here fo | r Memo Itemization |
| Occupation | | Employer | | | | |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a persor | 1 | Fund Raiser | | ntowowy 2000 (2011 100 HWV 2000) Whitehold (2017 2022 2020 W) 2021 H Den 1000 (2020 2020 HH) |
| 3. Contribution #4 | PAC Receipt? | YES 4. Dat | e of Re | ceipt 04/27/19 | | |
| Name & Address | 5 Manualen 5 | need De Otenheed India | L4- 11 A | U 40242 4440 25 | | |
| Carole Uni 3532 | 5 Moravian L | or. Sterling Heig | nts ivi | II 48312-4449 25 | 25 | 50 |
| | | | | • | _{\$} 25 | _{\$} 50 |
| 5. If over \$100.00 cum | ulative, please pro | ovide: | | | Clink Horo fo | r Memo Itemization |
| Occupation | | Employer | | | Click Hele io | i Mettio ifettiisation |
| Ovorpanori | | | | | | |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a perso | n [[| √. Fund Raiser | | |
| · | | · | | Page Subtotal | \$425.00 | _ |
| | | | | Grand Total of All Schedules 1A | | |
| | | | (Con | nplete on last page of Schedule) | Enter this total on | J |
| Page 13 of 51 | | | | | line 3a of Summary Page. | , |



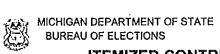
| 1. Committee I.D. Number | |
|--------------------------|--|
| | |

| CANDIDATE COMMITTEE 2. Committee Name | | |
|--|--|--|
| 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 04/27/19 Name & Address: Sharon Baseman 13320 Wales Huntington Woods MI 48070 | ,25 | • |
| 5. If over \$100.00 cumulative, please provide: | <u> </u> | or Memo Itemization |
| Occupation Employer | | |
| Type of Contribution: Direct Loan from a person X Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/28/19 Name & Address | RADIESEAN PROPERTY AND A CONTRACT OF THE STATE OF THE STA | enumentennenumentententennenten in entre |
| Madeline LaBelle 728 S Main St Apt 202 Ann Arbor MI 48104 | s_100 | . \$ |
| 5. If over \$100.00 cumulative, please provide: Occupation Engineer Employer DTE Energy | Click Here fo | or Memo Itemization |
| Business Address 414 S Main St Ann Arbor MI 48104 | | |
| Type of Contribution: Direct Loan from a person V Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 04/28/19 Name & Address: Oscar Renautt | s 50 | . \$r Memo Itemization |
| 5. If over \$100.00 cumulative, please provide: | 2 | fine. |
| Occupation Employer | | |
| Business Address Type of Contribution: Direct Loan from a person Fund Raiser | and an annual state of the stat | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 04/28/19 Name & Address Lori Stone 27582 Evelyn Warren MI 48093 | | |
| Edit Glorio 2. 602 Evolyii Walion iii 16666 | _{\$} 100 | . \$ |
| 5. If over \$100.00 cumulative, please provide: Occupation State Representive Employer | Click Here fo | or Memo Itemization |
| Business Address Type of Contribution: Direct Loan from a person Type of Contribution: Direct Loan from a person Direct Loan from a person Direct Loan from a person Direct Dire | | |
| Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) | | y |



| 1, Committee I.D. Number | | |
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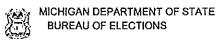
| CA | NDIDATE C | 0 | MMITTEE 2, Committee Name | | |
|--|--|----------|--|--|--|
| | k to indicate if contr | bu | bution is from an individual, enter last name, first name, ion is from a Political Committee or an Independent rdless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution # 1 Vame & Address: | PAC Receipt? | essul: | YES 4. Date of Receipt 04/28/19 | g glad genergt (glandere i Oslang (14 and ff 14 and ff 20 and for a before f | and a series of the series of the first of the series of t |
| | Nintergreen I | ٦r | Farmington Hills MI 48331 | | |
| | | | | <u>\$ 10</u> | <u> </u> |
| 5. If over \$100.00 cumu | lative, please pro | /id | : | Click Here | for Memo Itemization |
| Occupation | | - | Employer | | ابخما |
| Business Address | | 7 | [7] | | |
| Type of Contribution: | Direct | | Loan from a person $\sqrt{\ }$ Fund Raiser | | n kalan kalan kalan kalan penggapan kalan ka |
| 3. Contribution #2 Name & Address | PAC Receipt? | | YES 4. Date of Receipt <u>04/28/19</u> | | |
| Brigitte Smith 61 | 6 peachtree | ar | e Grosse Pointe Woods MI 48236 | _{\$} 25 | _ \$ |
| 5. If over \$100.00 cumu | ilative, please pro | /ide | : | Click Here | for Memo Itemization |
| Occupation | | Er | nployer | | _ |
| Business Address | | | | | |
| Type of Contribution: | Direct | | Loan from a person | | |
| 3. Contribution # 3 Name & Address: | PAC Receipt? | | YES 4. Date of Receipt <u>04/28/19</u> t. Warren MI 48092 | | |
| | JOOO OLOHON | | | <u>\$20</u> | \$ |
| | | | | Ollak Hann é | or Mama Haminatian |
| 5. If over \$100.00 cumu | ılative, please pro | vid | e: | Click nere i | or Memo Itemization |
| Occupation | | . 1 | Employer | | |
| Business Address | 7 | | Table Tabl | | |
| Type of Contribution: | | | Loan from a person Fund Raiser | - Marie and Control of the Control o | |
| Contribution # 4 Name & Address | PAC Receipt? | L | YES 4. Date of Receipt 04/28/19 | | |
| | 909 Woodwa | rd | Ave. Apt 510 Detroit MI 48201 | | |
| | | | | _{\$} 100 | _ \$ |
| 5. If over \$100.00 cum | ulative, please pro | vid | 9: | 0 11 11 1 | |
| Occupation Acount | ant | - | Employer Ally Finacial | Click Here t | or Memo Itemization |
| Business Address 500 | 0 Woodward | Α١ | e. Detroit MI 48226 | | |
| Type of Contribution: | Direct | | Loan from a person 💢 Fund Raiser | | |
| | anni an ann an | | Page Subtotal | \$155.00 | |
| | | | Grand Total of All Schedules 1A | | |
| | | | (Complete on last page of Schedule) | Enter this total or | |
| Page 15 of 51 | | | | line 3a of Summa Page. | ıry |



CANDIDATE COMMITTEE 2. Committee Name

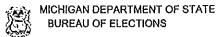
| 1. Committee I.D. Number | |
|--------------------------|--|
| | |

| C _P | MDIDWIE | OMMINITIEL | | 2. Collimitee Name | | |
|---|-----------------------|-----------------------------------|---------------------|---|--|--|
| | to indicate if contri | bution is from a Political C | | 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 | PAC Receipt? | YES 4. Date of | Receipt | 04/28/19 | Anny for the common to the com | CONTRACTOR CONTRACTOR AND |
| _{lame & Address:} Alyssa Hall 1690 <i>°</i> | 1 Anita Ave. | Fraser MI 48026 | | | | |
| • | | | | | _s 25 | |
| | | | | | ş <u></u> | \$ |
| 5, If over \$100.00 cumul | | | | | Click Here fo | or Memo Itemization 🔀 |
| • | | Employer | | | | |
| Business Address | 7 | | Ιχ | Fund Daloos | | |
| Type of Contribution: | Direct | Loan from a person YES 4. Date of | THE PERSON NAMED IN | Fund Raiser : 04/28/19 | urner nivererirên birên kiran (14 jan) (14 jan) ya majimi | DEN GERNALD STANDARD |
| I. Contribution #2 lame & Address | PAC Receipt? | 1 FES 4. Date of | Keceihi | 04/20/19 | | |
| Kristina Lodovisi | 24106 Mascl | h Ave Warren Ml | 4809 | 11 | F 0 | |
| | | | | | <u>\$50</u> | \$ |
| | | | | | Ottol Hans fo | . Mana Hamington 💯 |
| 5. If over \$100.00 cumul | | | | | Click Here to | r Memo Itemization |
| Occupation | | Employer | | | | |
| Business Address | <u> </u> | | [7] | | | |
| Type of Contribution: | Direct | Loan from a person | X | Fund Raiser | | agust para a dha ann an 1922 a tha ann an 1924 a tha ann |
| 3. Contribution # 3 Name & Address: | PAC Receipt? | YES 4. Date o | f Receip | ot 04/28/19 | | |
| | 753 Stilwell [| Orive Warren MI 4 | 18092 | 2 | 50 | |
| | | | | | _{\$} 50 | . \$ |
| | | | | | Click Here fo | r Memo Itemization |
| 5. If over \$100.00 cumu | • • • | vide: | | | | النشنيا |
| • • | | Employer | | | | |
| Business Address Type of Contribution: | Direct | Loan from a person | X | Fund Raiser | | |
| 3. Contribution # 4 | PAC Receipt? | | | pt 04/28/19 | en menerimanian periode de la proposición dela proposición dela proposición de la proposición dela proposición de la proposición de la proposición dela proposición de la proposición de la proposición de la proposición de la prop | in may spiritual funda sakki ika isa sa may mani may isah kabahasi ilai isana kasasa 1990. |
| Name & Address | · | | | | | |
| joshua gonzalez | 29226 nottin | gham circle east | warre | en MI 48092 | 40 | |
| | | | | | _{\$} 10 | . \$ |
| 5. If over \$100,00 cumu | ılative, please pro | vide: | | | Ollah Dan d | - Mana (1 |
| Occupation | | Employer | | | Click Here to | r Memo Itemization |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a person | N. | Fund Raiser | | |
| | | | / | Page Subtotal | \$135.00 | |
| | | | | and Total of All Schedules 1A | | |
| | | | (Compl | ete on last page of Schedule) | Enter this total on | • |
| Page 16 of 51 | | | | | line 3a of Summar Page. | у |



| 1. Committee I.D. Number | • | |
|--------------------------|---|------|
| | | |

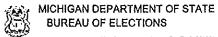
| CA | MDIDATEC | O | VIVILLEE | | 2. Committee Name | | |
|---|---|--|---|-------|---|--|--|
| | to indicate if contr | ibut | bution is from an individual ion is from a Political Comr rdless of amount. | | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution # 1 Name & Address: Robert Boccomin | PAC Receipt? o 27882 Los | | YES 4. Date of Rec las Dr Warren MI | | | | |
| | | | | | | _{\$} 50 | \$ |
| 5. If over \$100,00 cumu | lative, please pro | vide | : | | | Click Hara fo | or Memo Itemization |
| Occupation | | _ E | mployer | | | Click Hele R | Nemo nemazanon ga |
| Business Address | | | | | | • | |
| Type of Contribution: | Direct | en e | Loan from a person | X | Fund Raiser | THE SHEET OF STATE OF | en karringan proposition and a source of the constraint of the con |
| 3. Contribution #2 Name & Address | PAC Receipt? | | YES 4. Date of Rec | elpt | 04/28/19 | | |
| David Coulter 55 | 55 Leroy St F | er | ndale MI 48220 | | | <u>\$ 100</u> | \$ |
| 5. If over \$100.00 cumu | lative, please pro | vide | : | | | Click Here fo | r Memo Itemization |
| Occupation Mayor | | En | nployer Ferndale | | | | |
| Business Address | - | | | | | | |
| Type of Contribution: | Dìrect | | Loan from a person | X | Fund Raiser | | |
| 3. Contribution #3 Name & Address: David Metizer 29 | PAC Receipt? 9567 Park Pl | ac | YES 4. Date of Red e Dr Warren MI 48 | | 93 | _s 35 | |
| | | | | | | \$ 5 5 | \$ |
| 5. If over \$100.00 cumu | lative, please pro | vide | : : | | | Click Here for | r Memo Itemization |
| Occupation | | . E | Employer | | | | |
| Business Address | 7 | | | रा | | | |
| Type of Contribution: | Direct | | | N | Fund Ralser | TO THE OWNER OF THE PROPERTY O | en kan amalakan sebagai di Baraya maran 12 an dian 18 da 18 da 18 da 18 18 18 19 mpang 1991 yang amalan di And |
| 3. Contribution # 4 Name & Address | PAC Receipt? | L_ | YES 4. Date of Re | eceip | 04/28/19 | | |
| Alexandra Benin | da 500 E Nir | ne | Mile Rd Ferndale | ΜI | 48220 | | |
| | | | | | | _{\$} 50 | \$ |
| 5. If over \$100.00 cumu | ilative, please pro | vid | ə: | | | Click Here fo | r Memo Itemization |
| Occupation | | _ | Employer | | | | |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | | Loan from a person | Z | Fund Raiser | | |
| egypteen var en | artinia artigas <u>on meta jartinia as padantini</u> a. | | | 7 | Page Subtotal | \$235.00 | |
| | | | | | nd Total of All Schedules 1A ete on last page of Schedule) | Enter this total co | |
| Page | | | | | | Enter this total on line 3a of Summary Page. | • |



CANDIDATE COMMITTEE 2. Committee Name _____

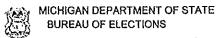
| 1. Committee I.D. Number | |
|--------------------------|--|
| | |

| CA | NUIDATE C | UIVI | MILIEE | | z. Committee Name | | |
|---|----------------------|--------------|---|--------------------|---|---------------------------------------|--|
| Enter contributor's name middle initial. Check box Committee (PAC) Report | to indicate if contr | ibutior | is from a Political Con | | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution # 1 | PAC Receipt? | Υl | ES 4. Date of Re | ceipt | 04/28/19 | | A STATE OF THE STA |
| Name & Address: Leah Berdy 3225 | 52 Hawthorn | — e Dr | Warren MI 480 | 92 | | | |
| · | | | | | | _{\$} 100 | <u>\$</u> 200 |
| 5. If over \$100.00 cumu | ative, please pro | vide: | | | | Click Here fo | or Memo Itemization |
| Occupation | | _ Em | ployer | | 1.0.1016 | 2 | |
| Business Address | - 1 | ~ | | <u> </u> | * | | |
| Type of Contribution: | Direct | Lo | oan from a person | 1000000 | Fund Raiser | yassenamentavahilenkaistinankainilent | ions prosping on transmissional statement and a supplementation of the supplementation of the supplementations |
| 3. Contribution #2 Name & Address | PAC Receipt? | YE | S 4. Date of Re | ceipt | 04/28/19 | | |
| Lorie Barnwell 3 | 0130 Gruent | ourg | Dr. Warren MI | 480 | 92 | _{\$} 100 | \$ |
| 5. If over \$100.00 cumu | ative, please pro | vide: | | | | Click Here fo | or Memo Itemization |
| Occupation Treasue | | Empl | loyer City of War | ren | | | |
| Business Address | | | | | <u>-</u> | | |
| Type of Contribution: | Direct | Lo | oan from a person | X | Fund Raiser | | · |
| Name & Address: Jonathon Fielbra 5. If over \$100.00 cumu | | - | | | <u>04/28/19</u> 48346 | \$ 50 Click Here fo | - \$ r Memo Itemization |
| Occupation | | _ Em | ployer | | | | |
| Business Address | | | | - | *** | | |
| Type of Contribution: | Direct | L | oan from a person | Ż | Fund Raiser | | Physical transportation and the state of the physical part of the state of the stat |
| 3. Contribution # 4 Name & Address | PAC Receipt? | Ш | YES 4. Date of F | Receip | ot 04/28/19 | | |
| Larry Lipton 254 | 3 Essex Blo | omfi | eld MI 48304 2 | 0 | | _s 20 | . 40 |
| 5. If over \$100.00 cum | ilative, please pro | vide: | | | | Y | or Memo Itemization |
| Occupation | | _ | Employer | | | | X X X X X X X X X X |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | П | oan from a person | 冈 | Fund Raiser | | |
| garepunkeenkineenkolmus Erkineennillästalallislistekki | | | with the state of | - - | Page Subtotal | \$290.00 | |
| | | | (0 | | nd Total of All Schedules 1A ste on last page of Schedule) | Enter this total on | _] |
| Page 18 of 51 | | | | | | line 3a of Summar Page. | у |



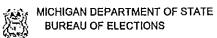
| 1. Committee I.D. Number | | |
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| | | |

| CANDIDATE COMMITTEE 2. Committee Name | | |
|---|--|--|
| 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 <u>all</u> 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 04/30/19 lame & Address: Patricia Joan Laurain 4057 Colonial Blvd Troy MI 48085 | | |
| -airicia Joan Laurain 405/ Coloniai bivu 110y ivii 40065 | 100 | |
| | _{\$} 100 | _ |
| 5. If over \$100.00 cumulative, please provide: Description Aide Employer Michigan State House | Click Here | for Memo Itemization |
| | | |
| Type of Contribution: V Direct Loan from a person Fund Raiser | | |
| Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/04/19 | a managan jagagan janggan janggan pagan janggan janggan janggan janggan janggan janggan janggan janggan jangga Panggan janggan jangga | pocument and the second se |
| Melody Magee 25800 Timberline Dr Warren MI 48091 | ş <u>25</u> | \$ |
| 5. If over \$100.00 cumulative, please provide: | Click Here | for Memo Itemization |
| Occupation Employer | | , |
| Business Address | | |
| Type of Contribution: Vi Direct Loan from a person Fund Ralser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/29/19 | | |
| Dorothy Szulczewski 36292 Jeffrey Dr Sterling Heights MI 48310 | _{\$} 50 | \$ |
| 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 06/01/19 Name & Address | | |
| Carol Mcclung 30000 Ryan Rd Warren MI 48092 | | |
| | _{\$} 100 | \$ |
| 5. If over \$100.00 cumulative, please provide: | Click Here | for Memo Itemization |
| Occupation Owner Employer Villa Carpets | 211011 11010 | |
| Business Address 30000 Ryan Rd Warren MI 48092 | | |
| Type of Contribution: 🔀 Direct Loan from a person Fund Raiser | | |
| Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) | Enter this total of | |
| Page 19 of 51 | line 3a of Summa Page. | агу |



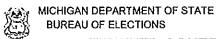
| 1. Committee I.D. Number | |
|--------------------------|--|
| | |

| CANDIDATE COMMITTEE 2. Committee Name | |
|--|--|
| 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 05/29/19 | |
| Name & Address: Judy Pritchett 62823 Tournament Dr Washington Township MI 48094 | |
| | _{\$} 50 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for Memo Itemization |
| Occupation Employer | Click Here for Metho Rentization |
| Business Address | |
| Type of Contribution: Direct Loan from a person Fund Raiser | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 05/28/19 Name & Address | |
| Sharon Palonis 632 Cadieux Rd. Grosse Pointe MI 48230 | ş 50 <u> </u> |
| 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 #3 PAC Receipt? YES 4. Date of Receipt 05/16/19 | • |
| Name & Address: Mary Mataczynski 28572 Aspen Warren MI 48093 | |
| mary madozyrom 200727 topon transmit in research | _{\$} 30 |
| | Clieb Lieve for Mame Itemization |
| 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 | recorded an experience of the control of the contro |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 04/10/19 Name & Address | · |
| Paul Wojno 32025 Margret CT Warren MI 48093 | |
| • | _s 100 |
| | 3 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for Memo Itemization |
| Occupation State Senator Employer Michigan State Senate | |
| Business Address | |
| Type of Contribution: Direct Loan from a person Fund Raiser | |
| Page Subto | otal \$230.00 |
| Grand Total of All Schedules | 1 |
| (Complete on last page of Schede | Enter this total on |
| 20 of 51 | line 3a of Summary Page. |



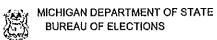
| i. Committee i.D. Number | |
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| | |

| CA | NDIDATE C | OMMITTEE | 2. Committee Name | | |
|---|---|--|--|--|--|
| | to indicate if contr | ontribution is from an individual fibution is from a Political Comm egardless of amount. | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution # 1 Name & Address: Rodger Holtsland 48279 | PAC Receipt? er 28141 We | YES 4. Date of Reco | nton Township MI | _{\$} 100 | \$ |
| 5. If over \$100.00 cumu | ative, please pro | vìde: | | Ollala I I ann fa | |
| Occupation | | _ Employer | | Click Here it | or Memo Itemization |
| Business Address | | | | | |
| Type of Contribution: | Direct | Loan from a person | Fund Raiser | | enterberget til film i 1800 og 1700 og 1800 og |
| 3. Contribution #2 Name & Address | PAC Receipt? | YES 4. Date of Rece | elpt <u>04/01/19</u> | | |
| Diane Young 13 | 250 Irvingtor | n Warren MI 48088 | | _{\$} 50 | \$ |
| 5. If over \$100.00 cumu | ative, please pro | vide: | | Click Here fo | r Memo Itemization |
| Occupation | | Employer | , , | | |
| Business Address | | | | | |
| Type of Contribution: | Direct | Loan from a person | Fund Raiser | a (projecti ki proporti i proporti komunga pri processi processi proc | nampangan perumuan antara mendalah anan pendalah pengan pendah berada antara samban berada sebagai berada bera |
| · | | rne Dr. Warren MI 48 | 3092 | \$ 700 Click Here for | \$r Memo Itemization |
| 5. If over \$100.00 cumu Occupation None | iative, piease pro | Employer | | | _ |
| Business Address | | _ ctribioAet | | | |
| Type of Contribution: | Direct | Loan from a person | Fund Raiser | | |
| 3. Contribution # 4 | PAC Receipt? | YES 4. Date of Re | ceipt 07/17/19 | | |
| Name & Address Connor Berdy 32 | 252 Hawtho | orne Dr. Warren MI 48 | 3092 | _s 6000 | , 6700 |
| 5. If over \$100.00 cum | ilative, please pro | ovide: | | Click Here fo | r Memo Itemization |
| Occupation None | | Employer | | | · · · · · · · · · · · · · · · · · · · |
| Business Address | | | | | |
| Type of Contribution: | Direct | Loan from a person | Fund Raiser | | |
| e Carlos Havenum karavas ar vere variantibra aradi unda sidria | *************************************** | | Page Subtotal | \$6,850.00 | |
| | | | Grand Total of All Schedules 1A nplete on last page of Schedule) | Enter this total on | |
| Page 21 of 51 | | | | line 3a of Summary Page. | <i>(</i> |



| 1. Committee I.D. Number | |
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| CANDIDATE COMMITTEE 2. Committee Name | | |
|--|---------------------------|--|
| 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 06/13/19 Name & Address: | _ | |
| Gary McMenamin 27428 Newport Warren MI 48088 | | |
| | _{\$} 50 | <u> </u> |
| 5. If over \$100.00 cumulative, please provide: | Click Here | for Memo Itemization |
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| Business Address | | |
| Type of Contribution: Direct Loan from a person X Fund Raiser | | 50100000 meneranyang ang berang di SMM na kanang ang kanang ang kanang ang kanang ang kanang ang kanang ang ka |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/05/19 Name & Address | | |
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| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/13/19 | | |
| Rebecca Warren 4100 Greenway Ave Royal Oak MI 48073 | | |
| Tropossa Trairon 1100 Croshway 7110 Hoyar Carrin 10070 | <u> \$500</u> | \$ |
| | 0 11.11.1 | |
| 5. If over \$100.00 cumulative, please provide: | Click Here t | or Memo Itemization |
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| Type of Contribution: Direct Loan from a person X Fund Raiser | | ana paga ana katawa mata ana katawa ya maga pana ana mata katawa katawa katawa maga paga ma |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 06/13/19 Name & Address | - | |
| Mary Mataczynski 28572 Aspen Warren MI 48093 | 0.0 | |
| | _{\$} 30 | _ \$ |
| 5. If over \$100.00 cumulative, please provide: | Click Here t | for Memo Itemization |
| Occupation Employer | | النحنيا |
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| Type of Contribution: Direct Loan from a person Type of Contribution: | | |
| Page Subtot | al \$830.00 | |
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| Page 22 of 51 | line 3a of Summa Page. | iry |



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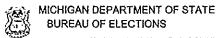
| CA | NDIDATE C | OMMITTEE | | 2. Committee Name | | |
|---|--|-----------------------------------|-----------------------------------|--|---|--|
| Enter contributor's name middle initial. Check box Committee (PAC) Report | to indicate if contri | bution is from a Po | olitical Com | il, enter last name, first name, mittee 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 Red | ceipt 06/13/19 | essatt sagardense et essatt | The state of the s |
| _{Name & Address:} David Metzler 29 | 567 Park Pla | ace Dr Warre | en MI 4 | 8093 | | |
| | | | | | _{\$} 25 | <u> </u> |
| 5. If over \$100.00 cumul | ative, please prov | /ide: | | | Click Here | for Memo Itemization |
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| 3, Contribution #2 Name & Address | PAC Receipt? | YES 4. | Date of Red | ceipt <u>06/13/19</u> | | |
| Linda Koch 3056 | 3 Ridgefield | Ave Warren | MI 480 | 88 | ş <u>30</u> | \$ |
| 5. If over \$100.00 cumu | • | | | | Click Here | for Memo Itemization |
| Occupation | | Employer | | | | |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a pe | erson | Y Fund Raiser | | |
| 3. Contribution # 3 Name & Address: Jim Kelly 1680 F | | Grosse Poin | | ds MI 48236 | _{\$} 50 Click Here f | \$ for Memo Itemization ☑ |
| Occupation | | Employer | | | | |
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| Contribution # 4 Name & Address | PAC Receipt? | YES 4 | i. Date of R | ecelpt <u>06/13/19</u> | _ | |
| Lorie Barnwell 3 | 0130 Gruent | ourg Dr. War | ren MI | 48092 | _{\$} 50 | |
| 5. If over \$100.00 cum | ılative, please pro | vide: | | | Click Here f | for Memo Itemization |
| Occupation | | _ Employer _ | | | • | |
| Business Address | | | | | | |
| Type of Contribution: | Direct | Loan from a p | person | Fund Raiser | | |
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| Pageof _51 | | | | | line 3a of Summa Page. | |



ITEMIZED CONTRIBUTIONS SCHEDULE 1A 1. Committee I.D. Number

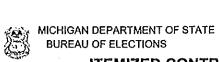
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| CA | NDIDATE C | OMMITTEE | 2. Committee Name | | |
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| | to indicate if contri | oution is from a Political Cor | al, enter last name, first name, mmittee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution # 1 | PAC Receipt? | YES 4. Date of Re | eceipt 06/13/19 | | |
| Name & Address: Pamela Kellar 59 | 87 Carlton N | Apt B Washington | MI 48094 | | |
| | | , , | | _{\$} 200 | \$ |
| 5. If over \$100.00 cumu | | lde: | | Click Here fo | or Memo Itemization |
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| Business Address | | | - | | |
| Type of Contribution: | Direct | Loan from a person | Fund Raiser | 64 - 1977-1977-1977-1977-1977-1977-1977-197 | |
| 3. Contribution #2 Name & Address | PAC Receipt? | YES 4, Date of Re | eceipt <u>06/13/19</u> | | |
| Kevin McAlpine | 12014 Carne | y St Warren MI 480 | 089 | _{\$} 125 | \$ |
| 5. If over \$100.00 cumu | lativo niasea nrov | ide: | | Click Here fo | r Memo Itemization |
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| Сообраном | C () | citiployes | | | |
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| 3. Contribution # 3 Name & Address: | PAC Receipt? | YES 4. Date of R | deceipt 06/13/19 | - | |
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| | | | | _{\$} 100 | s |
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| Dodgido Maiona | <u>27,007,00</u> 1 | . ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | _s 50 | |
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| 5. If over \$100.00 cum | vlative, please prov | vide: | | Click Here fo | r Memo Itemization |
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| | | | Grand Total of All Schedules 1A | | |
| | | (C | complete on last page of Schedule | Enter this total on | |
| Page 24 of 51 | | | | line 3a of Summar Page. | f |



| 1, Committee I.D. Number _ | |
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| CANDIDATE COMMITTEE 2. Committee Name | | |
|--|--|--|
| 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 06/13/19 Name & Address: Garry Watts 30246 Rosenbusch Warren MI 48088 50 | ezintarana armanian a | |
| | _{\$} 50 | \$ |
| 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 #2 PAC Receipt? YES 4. Date of Receipt 05/04/19 Name & Address | | |
| Melody Magee 25800 Timberline Dr Warren MI 48091 | <u>\$</u> 25 | \$ |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| OccupationEmployer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/12/19 Name & Address: Glenn Gayer 30515 W 14 Mile Rd. Unit 41 Farmington Hills MI 48334 5. If over \$100.00 cumulative, please provide: | \$ 50 Click Here for | \$ Memo Itemization |
| Occupation Employer | | |
| Business Address Type of Contribution: | | |
| | neces and the second se | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/17/19 Name & Address | | |
| Brad Bell 4891 Haddington Dr Bloomfield Hills MI 48304 | _{\$} 50 | \$ |
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| Type of Contribution: Direct Loan from a person Fund Raiser | | |
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| Grand Total of All Schedules 1A (Complete on last page of Schedule Page of 51 | | |



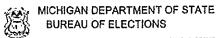
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| 1. Committee 1.D. Hamber | |

| Contribution (PAC) Report all contributions regardless of amount. 3. Contribution #1 PAC Receipt? VES 4. Date of Receipt 05/18/19 Name & Address #100.00 cumulative, please provide: Cocupation | CANDIDATE C | OMMITTEE | 2. Committee Name | | |
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| Name & Address: JOSEPH Tate 192 Lenox Street Detroit MI 48215 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser | middle initial. Check box to indicate if contr | ibution is from a Political Com | | 6. Amount | Election Cycle for Each Contributor (Through |
| Source Street Detroit MI 48215 25 2 25 2 25 2 2 | | YES 4. Date of Re | ceipt 05/18/19 | | |
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| Section Sect | Type of Contribution: X Direct | Loan from a person | Fund Raiser | | rangan negaran sa na managan kali perkebang tebah kebangan sa |
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| Page Subtotal \$310.00 | Business Address | | | | |
| | Type of Contribution: [V] Direct | Loan from a person | Fund Raiser | | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary Page. | 27 , 51 | (Ca | Grand Total of All Schedules 1A | Enter this total on line 3a of Summa | |



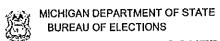
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| CANDIDATE COMMITTEE | 2. Committee Name | | |
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| Enter contributor's name and address. If contribution is from an individual, emiddle initial. Check box to indicate if contribution is from a Political Commit Committee (PAC) Report all contributions regardless of amount. | enter last name, first name, tee 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 Receiptanne & Address: Barbara Winter 23051 Tawas Hazel Park MI 48030 | | geologica (general general de services a meneral meneral de l'alla de service) de de de service de l'alla de s | |
| | | _{\$} 50 | \$ |
| 5. If over \$100.00 cumulative, please provide: | | Click Here for | Memo Itemization |
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| Type of Contribution: Direct Loan from a person | Fund Raiser | | suumtaassaksiistojastiikseksistä sattaastassa, ja |
| R. Contribution #2 PAC Receipt? YES 4. Date of Receipt YES 4. Date of Receipt YES | ot <u>05/28/19</u> | | |
| Gary Cynowa 45451 Fielding St Macomb Twp. MI | 48042 | _{\$} 50 | \$ |
| 5. If over \$100.00 cumulative, please provide: | | Click Here for | Memo Itemization |
| OccupationEmployer | | | |
| Business Address | | | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| Name & Address: Hector LUNA 27633 East Echo Valley Unit 119 Fa 48334 5. If over \$100.00 cumulative, please provide: | | \$ 100 Click Here for | \$ Memo Itemization |
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| Business Address Type of Contribution: Direct Loan from a person | Fund Raiser | | |
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| Shane Pliska 1851 Cragin Dr. Bloomfield Hills MI | 18302 | _{\$} 50 | \$ |
| 5. If over \$100.00 cumulative, please provide: | | Click Here for | Memo Itemization |
| Occupation Employer | | Ollok 1 loro tot | |
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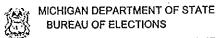
| 1. Committee I.D. Number | |
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| CANDIDA | AIE CC | MMILLEE | 2. Committee Name | | |
|--|--------------|-------------------------------|--|---|---|
| Enter contributor's name and addre middle initial. Check box to indicate Committee (PAC) Report <u>all</u> contrib | e if contrib | ution is from a Political Com | il, enter last name, first name, mittee or an independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
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| _{lame & Address:} Michael Skupny 2910 m | iddlebi | ırv Bloomfield hills | MI 48301 | | |
| Michael Chapity 2010 III | naaiobe | ay Blooming inne | , iii 1000 i | 0.5 | |
| | | | | <u>\$25</u> | \$ |
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| Business Address | | | | | |
| Type of Contribution: Direct | | Loan from a person | Fund Raiser | | |
| . Contribution #2 PAC Re | ceipt? | YES 4. Date of Rec | celpt 06/02/19 | TRIBUTATIVE EXTENSIONAL SECURISTICAL EXTENSION EXCELLENT | museedeksel kangusus aan assanadd af og aar fagu epis aan aan aan aan aad a an aan aan aan aa |
| Amanda Estacio 11217 | Meado | wbrook Dr. Warre | n MI 48093 | | |
| THAING LOCGOO TELT | 11.0000 | | | _{\$} 25 | \$ |
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| Business Address | | | | | |
| Type of Contribution: F Direct | Г | Loan from a person | Fund Raiser | | |
| 3. Contribution #3 PAC Re | eceipt? | YES 4. Date of Re | eceipt 06/02/19 | | |
| Vame & Address: | | _ | • | • | |
| Jeffrey Schroder 1592 F | E LINCO | ın Birmingnam ivii | 48009 | _s 100 | |
| | | | | 7 | . 3 |
| 5. If over \$100.00 cumulative, ple | ease nrovi | de: | | Click Here fo | r Memo Itemization |
| Occupation Attorney | uduo piori | Employer Plunkyt | He Kooley | | |
| Business Address | | Linployor | 7 | | |
| Type of Contribution: Direct | | Loan from a person | Fund Raiser | | |
| 3. Contribution #4 PAC R | Receipt? | YES 4. Date of R | Receipt 06/04/19 | indian i processor i stocopes de de procede i mastrone de procede i mastrone de procede | |
| Name & Address | | | - MI 40000 | | |
| Nancy Duemling 20776 | Moxor | Clinton Township | 0 IVII 48U30 | 25 | |
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| 120000 | - <u> </u> | | Page Subtota | \$175.00 | |
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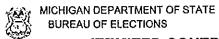
| 1. Committee I.D. Number | |
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| | |

| CANDIDATE COMMITTEE 2, Committee Name | | |
|--|--|--|
| 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 06/06/19 | | |
| Name & Address: Devin Stevens 550 Frazier Dr. Adrian MI 49221 | | |
| | _{\$} 25 | \$ |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Employer | Olicit Fictoria | 1110110 |
| Business Address | | |
| Type of Contribution: V Direct Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/09/19 Name & Address | a Basilian de la companya de la comp | |
| Frank Aiello 1123 E Breckenridge Ferndale MI 48220 | <u>\$ 100</u> | \$ |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation Self-Employed Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | in and the second se | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 06/10/19 Name & Address: Suzanne Separa 29234 Geraldine Ct Warren MI 48093 | 05 | |
| | _{\$} 25 | . \$ |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: N Direct Loan from a person Fund Raiser | | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 06/13/19 Name & Address | | |
| Lois Dei 31530 Juniper Ln Warren MI 48093 | F0 | |
| | _{\$} 50 | . \$ |
| 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 Y Fund Raiser | | |
| Page Subtota | \$200.00 | _ |
| Grand Total of All Schedules 1A | | |
| (Complete on last page of Schedule | Enter this total on line 3a of Summar Page. | у |



| 1. Committee I.D. Number | |
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| | |

| CANDIDATE CO | JMMILIEE | 2. Committee Name | | |
|--|------------------------------|---|---|--|
| Enter contributor's name and address. If cor middle initial. Check box to indicate if contrib Committee (PAC) Report all contributions re- | oution is from a Political C | 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 PAC Receipt? | YES 4. Date of | Receipt 06/13/19 | | |
| Name & Address: Mike McFall 1405 E Madge Av | e Hazel Park M | I 48030 | | |
| | | | ,25 | |
| | | | \$ | _ |
| 5. If over \$100.00 cumulative, please provi | | | Click Here | for Memo Itemization |
| Occupation | Employer | | | |
| Business Address | 1 | [7] | | |
| Type of Contribution: Direct | Loan from a person | Fund Ralser | en statistica de la company | istina kantan kantan kantan kantan kantan kantan kantan ini kantan kantan kantan kantan kantan kantan kantan k |
| 3. Contribution #2 PAC Receipt? Name & Address | YES 4. Date of | Receipt <u>06/13/19</u> | | |
| Mark Liss 27472 Haverhill Dr | Warren MI 4809 | 2 | | |
| | | | <u>\$50</u> | \$ |
| | | | | ा । स्थि |
| 5. If over \$100.00 cumulative, please prov | ide: | | Click Here | for Memo Itemization |
| Occupation | Employer | | | |
| Business Address | | | | |
| Type of Contribution: Direct | Loan from a person | Y Fund Raiser | | |
| Name & Address: HARRY WIMBLE 29422 W No. | OTTINGHAM CI | of Receipt <u>06/13/19</u> R WARREN MI 48092 | s 25 Click Here | |
| Occupation | Employer | | | |
| Business Address | | | | |
| Type of Contribution: X Direct | Loan from a person | Fund Raiser | and and interesting and an analysis of the second | en bellem som general sem en bellem spårengen skriver en men men syngen en sen skri |
| Contribution # 4 PAC Receipt? Name & Address | YES 4. Date | of Receipt 07/01/19 | | |
| George Higgins 28045 Mavis | Drive Warren M | II 48088 | | |
| | | | _{\$} 25 | \$ |
| | | | - | <u> </u> |
| 5. If over \$100.00 cumulative, please pro | vide: | | Click Here | for Memo Itemization |
| Occupation | _ Employer | | | |
| Business Address | <u> </u> | | | |
| Type of Contribution: \(\sum_{\lambda} \) Direct | Loan from a person | Fund Raiser | | |
| | | Page Subtota | | |
| 24 54 | | Grand Total of All Schedules 1A (Complete on last page of Schedule | | |
| Page 31 51 | | | Page. | |



CANDIDATE COMMITTEE 2. Committee Name

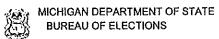
| 1. Committee I.D. Number | |
|--------------------------|--|
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| O, | 1141911192 (1 122 4 | | | | | | |
|--|---------------------|-----------|------------------------|---|---|---|--|
| Enter contributor's name middle initial. Check box Committee (PAC) Repor | to indicate if cont | ibution i | s from a Political Con | el, er imitt | 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 | PAC Receipt? | YES | S 4. Date of Re | ceipl | 07/01/19 | | |
| _{lame & Address:} Diane Young 132 | 250 Irvington | Drive | Warren MI 4 | 808 | 38 | | |
| _ | | | | | | _{\$} 50 | \$ |
| 5. If over \$100.00 cumu | lative, please pro | vide: | | | | Click Hora fo | r Memo Itemization |
| Occupation | ······ | _ Emp | loyer | | | Click Hole ic | I Wello Resultation |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | Loa | n from a person | *************************************** | Fund Raiser | rzannast tronsis přislošeký kých troky stálasnacy szanastní nie | nnykyndistrathigitetyysepsisiones saassanoosiki talainasiki tilpisaji yysimaasa enamestakinin sussa. |
| i. Contribution #2 Iame & Address | PAC Receipt? | YES | 4. Date of Re | celpi | 07/03/19 | | |
| Scott Seyforth 12 | 2 Lakewood | Garde | ens Lane Mad | iso | n WI 53704 | _{\$} 15 | \$ |
| 5. If over \$100.00 cumu | lative, please pro | vide: | | | | Click Here fo | r Memo Itemization |
| Occupation | | Emplo | yer | | | | |
| Business Address | | | | | | | |
| Type of Contribution: | Direct | Loa | n from a person | | Fund Raiser | | |
| 3. Contribution #3 | PAC Receipt? | YE | S 4. Date of R | eceip | ot 07/07/19 | | |
| Name & Address: Jeremy Moss 18 | 405 Melrose | Ave | Southfield MI | 48 | 075 | _{\$} 50 | s |
| · | | | | | | | |
| 5. If over \$100.00 cum | ılative, please pro | vide: | | | | Click Here to | r Memo Itemization |
| Occupation | | _ Emp | loyer | | | | |
| Business Address | | | | | | | |
| Type of Contribution: | <u> </u> | Lo | an from a person | | Fund Raiser | | |
| 3. Contribution # 4 Name & Address | PAC Receipt? | L Y | ES 4. Date of F | Rece | ipt <u>07/07/19</u> | | |
| James Shanek 3 | 3040 Helen (| t Ro | yal Oak MI 480 | 073 | 3 | | |
| | | | | | • | _s 25 | • |
| 5. If over \$100.00 cum | ulative, please pr | ovide: | | | | Click Here fo | r Memo Itemization |
| Occupation | | E | Employer | | | Chek Hore to | Wellio Remization |
| | | | , , | | | | |
| Business Address Type of Contribution; | Direct | | an from a person | | Fund Raiser | | |
| . Jpo of commoduli, | Til pueg | | - porodi | | Page Subtotal | \$140.00 | |
| | | | | Gr | and Total of All Schedules 1A | 4 . 10,00 | _ |
| | | | (C | | lete on last page of Schedule) | Enter this total on | _ |
| Page 32 of 51 | | | | | | line 3a of Summar Page. | y |



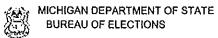
| 1. Committee I.D. Number | |
|--------------------------|--|
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| CANDIDATE COMMITTEE | 2. Committee Name | | |
|---|---|-----------------------------|--|
| Enter contributor's name and address. If contribution is from an individual, emiddle initial. Check box to indicate if contribution is from a Political Commit Committee (PAC) Report all contributions regardless of amount. | nter last name, first name, tee 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 | 07/07/19 | | |
| Name & Address: Ethan Moorhouse 26 Liberty St. Apt. 3 Manchester | NH 3104 | | |
| | | _{\$} 5 | \$ |
| 5. If over \$100.00 cumulative, please provide: | | Click Here for | Memo Itemization |
| Occupation Employer | | | المعتما |
| Business Address | | | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | | ecutivijas kainadompika ilaisyteits maankelikysteitään kaikisteitaativija kaita |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt YES | 07/13/19 | | |
| Walter Hage 21351 Van Dyke Warren MI 4889 | | _{\$} 250 | \$ |
| 5. If over \$100.00 cumulative, please provide: | | Click Here for | Memo Itemization |
| Occupation (\text{Cf',M}) Employer | <u></u> | | |
| Business Address | | | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| Name & Address: Carmela Finn 32631 Desmond Warren MI 48093 | ^{ipt} <u>07/12/19</u> | § 55 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 | | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Rec | eipt 07/13/19 | | TOCK I DESERVA I SOURT SOURCE I SERVAÇO I IN SERVAÇÕE IN SERVERA PROPERTIE A PRESIDENCIA DE ARTICLA PROPERTIE A |
| Name & Address Lorenzina Marhoff 14728 Bon Brae Warren MI 480 | 88 | | |
| Cotenzina Marron 14720 Doll Dide Walton Mi 400 | | _{\$} 50 | \$ |
| 5. If over \$100.00 cumulative, please provide: | | Click Here for | Memo Itemization |
| Occupation Employer | | | وتندر |
| Business Address | | | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| | Page Subtotal | \$360.00 | |
| | rand Total of All Schedules 1A plete on last page of Schedule) | Enter this total on | August de communication de la communication de |
| Page 33 of 51 | | line 3a of Summary Page. | |



| 1. Committee I.D. Number | | | | - |
|--------------------------|--|--|--|---|
|--------------------------|--|--|--|---|

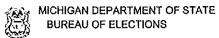
| CANDIDATE COMMITTEE 2, Committee Name | | |
|---|--|--|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions 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 07/13/19 | and the second s | |
| Name & Address: Lynne Lundgren 31737 Gilbert Dr Warren MI 48093 | | |
| Lytino Landgion o 11 or Gilbort 21 Trainen (m. 1999) | 20 | |
| | <u>\$20</u> | \$ |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation Employer | 211211111111111111111111111111111111111 | |
| Business Address | | : |
| Type of Contribution: X Direct Loan from a person Fund Raiser | | e programme de la companya de la co |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/13/19 Name & Address | | |
| Anne Croster 12323 Kenilworth Sterling Heights MI 48313 | <u>\$100</u> | \$ |
| 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 X Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/20/19 Name & Address: Karen Plushnik 34134 Birchway Circle Sterling Heights MI 48312 5. If over \$100.00 cumulative, please provide: Occupation Retired Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser | \$ 200 Click Here for | \$Memo Itemization |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 07/20/19 | | d de gregoria mengenta antara mendera mendera mengente per benari antara de sena de sena de sena de de de desp O sena persona per sena de sena de sena mengente per benario antara de sena de sena de sena de sena de sena de |
| Name & Address Denise Vecellio 2061 Lakeshore Dr Commerce Township MI 48382 | _{\$} 100 | \$ |
| 5. If over \$100.00 cumulative, please provide: Occupation Hydra Regulary Employer | Click Here for | Memo Itemization |
| Business Address Loan from a person Fund Raiser | | |
| Page Subtotal | \$420.00 | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | | |



CANDIDATE COMMITTEE

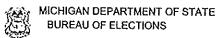
| 1. Committee I.D. Number | | |
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| | | |

| CANDIDATE COMMITTEE 2. Committee Name | | |
|--|--|--|
| 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 07/20/19 Name & Address: Laura Artz 3069 Tuxedo Warren MI 48092 | | |
| | _{\$} 50 | <u> </u> |
| 5. If over \$100.00 cumulative, please provide: | Click Here t | for Memo Itemization |
| Occupation Employer | Onor Fiore | or mono nomization |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Y Fund Raiser | NATURAL BERGERSON STREET S | Workship Committee of the Committee of t |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/20/01 Name & Address | MANANE ROTTONIOSIOSIOSIOSIOSIOSIOSIOSIOSIOSIOSIOSIOSI | |
| Christina Lalik 4576 Kirkwood Sterling Heights MI 48310 | _{\$} 50 | _ \$ |
| 5. If over \$100.00 cumulative, please provide: | Click Here f | or Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/02/19 Name & Address: Gary McMenamin 27428 Newport Warren MI 48088 5. If over \$100.00 cumulative, please provide: | s 50 Click Here fo | _ \$or 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 07/20/19 Name & Address | _ | |
| Jon Spyridakis 56108 Ken Charles Shelby Township MI 48316 500 | _{\$} 500 | - \$ |
| 5. If over \$100.00 cumulative, please provide: | Cliair Moro fe | Nome Hemisotion |
| Occupation Doctor Employer Beautron | Click here it | or Memo Itemization |
| Business Address | | • |
| Type of Contribution: Direct Loan from a person X Fund Raiser | | |
| , Page Subtot | al | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule | e) | |
| Page 35 of 51 | Enter this total on line 3a of Summar Page. | у |



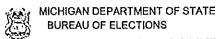
| I. Committee I.D. Number | |
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| CANDIDATE COMMITTEE 2. Committee Name | | |
|---|--|---|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> 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 07/20/19 | | |
| lame & Address: Lorenzina Marhoff 14728 Bon Brae Warren MI 48088 | | |
| | _{\$} 100 | \$ |
| 5. If over \$100.00 cumulative, please provide: | Click Hara fo | or Memo Itemization |
| Decupation Retired Employer | - Office Treatment | y Memo nomization |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Y Fund Raiser | | |
| Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/20/19 | datat erece (Kongross ereceptores erecepto | in the second |
| Ralph Picano 16026 Buckingham Ave Beverly Hills MI 48025 | 400 | |
| | _{\$} 100 | \$ |
| | | 107E |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation CFO Employer Wade Trim | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person V Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/20/19 | | |
| Lindsey Pouliot 415 7th Street South #15 Fargo ND 58103 | 5 | |
| | _{\$} 5 | . \$ <u> </u> |
| | Click Here fo | r Memo Itemization |
| 5. If over \$100.00 cumulative, please provide: | 0,,0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <u> </u> |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| B. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/20/19 Name & Address | | |
| Hal Newnan 2715 Gail Drive Warren MI 48093 | | |
| | <u>,</u> 100 | |
| | <u>ş , , , , , , , , , , , , , , , , , , ,</u> | . \$ |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation Retired Employer | _ | lana. |
| Business Address | | |
| Type of Contribution: The Direct Loan from a person Fund Raiser | | |
| | total \$305.00 | |
| Grand Total of All Schedules | | |
| (Complete on last page of Sched | | |
| Page_36_of_51_ | line 3a of Summar Page. | y · |



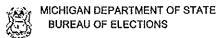
| 1. Committee I.D. Number | |
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| CANDIDATE COMMITTEE 2. Committee Name | · · · · · · · · · · · · · · · · · · · | |
|--|--|--|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. 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 07/20/19 Name & Address: Anne M. Mervenne 1316 S. Main street Royal Oak MI 48067 | тенней техностической подорождений образований и доставлений и доставлений и доставлений и доставлений и доста Неприменения | okakitan kunsuquu guuren ette emi masakitali madi arrea ana tita tamang (1994). |
| | _{\$} 100 | <u> </u> |
| 5. If over \$100.00 cumulative, please provide: Occupation Consultant Employer | Click Here | for Memo Itemization |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/20/19 Name & Address | | and the state of t |
| Greg Szulczewski 1344 Greystone Tuscaloosa AL 35406 | <u>\$50</u> | _ \$ |
| 5. If over \$100.00 cumulative, please provide: | Click Here | for Memo Itemization |
| Occupation Employer | | Lind |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/20/19 Name & Address: Kellie Mahrle 3047 Serra Dr Sterling Heights MI 48310 | <u>\$40</u> | _ \$ |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | or Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | <u>Order de la companya de la companya</u> | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/20/19 Name & Address | | |
| Daniel Colling 22616 Raymond St Saint Clair Shores MI 48082 | _{\$} 25 | \$ |
| 5. If over \$100.00 cumulative, please provide: | Click Horo fe | or Memo Itemization |
| Occupation Employer | Ollow Hete I | or interno itentization |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page | Enter this total on line 3a of Summal Page. | |



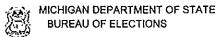
| 1. Committee I.D. Number | |
|--------------------------|--|
| 1. Committee i.D. Number | |

| CANDIDATE C | OMMITTEE | 2. Committee Name | | |
|--|----------------------------------|----------------------------------|--|---|
| Enter contributor's name and address. If commiddle initial. Check box to indicate if contributions recommittee (PAC) Report all contributions re | ibution is from a Political Comr | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution # 1 PAC Receipt? Name & Address: Jeremy Moss 18405 Melrose | L-m-l | 8075 | A TOTAL CONTROL OF THE STATE OF | 3-2-2-1 |
| oromy wood to too monous | , to Countries in t | | <u>\$50</u> | ş |
| 5. If over \$100.00 cumulative, please pro | vide: | | Click Here fo | r Memo Itemization |
| Occupation | _ Employer | | Onor Hora to | 110110 |
| Business Address | | | | |
| Type of Contribution: X Direct | Loan from a person | Fund Raiser | | angon est e maganin occasione de gol massaco es e escera a se en embra al missione processione. |
| B. Contribution #2 PAC Receipt? [Name & Address | YES 4. Date of Reco | elpt <u>07/20/19</u> | | |
| Marie Adkins 13742 hobart av | ve Warren MI 48089 |) | ş <u>30</u> | \$ |
| 5. If over \$100.00 cumulative, please pro | vide: | | Click Here for | Memo Itemization |
| Occupation | Employer | | | |
| Business Address | | | | |
| Type of Contribution: \(\frac{\infty}{\text{Direct}} \) Direct | Loan from a person | Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? Name & Address: Elayne Manciero 28227 Sout | | terfield MI 48051 | | |
| Liayrie Mariciero 20227 Oodi | in onite Lane Ones | ternera ivii 4000 i | <u>\$20</u> | \$ |
| | | | Clink Have for | Memo Itemization |
| 5. If over \$100.00 cumulative, please pro | vide: | | Click nere to | Metilo iternization |
| Occupation | Employer | | | |
| Business Address | | | | |
| Type of Contribution: Direct | Loan from a person | | New State Communication of the State | |
| 3. Contribution # 4 PAC Receipt? Name & Address | YES 4. Date of Re | oceipt <u>07/25/19</u> | | |
| Joyce Nadolny 705 West Mid | dle St Apt 11 Chels | ea MI 48118 | | |
| • | · | | <u>\$25</u> | \$ |
| 5. If over \$100.00 cumulative, please pro | ovide: | | Click Here for | Memo Itemization |
| Occupation | Employer | | | لنشا |
| Business Address | | | | |
| Type of Contribution: X Direct | Loan from a person | Fund Raiser | | |
| ikas variationis akkinin viinikis kirjavii variatio ka variitii vii varuta kirjavii vii kirjavii varii varia v | | Page Subtotal | \$125.00 | |
| | | Grand Total of All Schedules 1A | | |
| | (Co | mplete on last page of Schedule) | Enter this total on | ٠ لـ |
| Page 38 of 51 | | | line 3a of Summary Page. | |



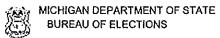
| 1. Committee I.D. Number | |
|--------------------------|--|
| | |

| CANDIDATE COMM | TITTEE | 2. Committee Name | | |
|--|-------------------------|---|---|--|
| Enter contributor's name and address. If contribution in iddle initial. Check box to indicate if contribution in Committee (PAC) Report all contributions regardless | s from a Political Comm | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| Contribution # 1 PAC Receipt? YES Yame & Address: | S 4. Date of Rece | ipt 07/20/19 | | a company of the state of the s |
| Susan Doherty 31746 Gloria Warr | en MI 48093 | | | |
| | | | _{\$} 50 | § |
| 5. If over \$100.00 cumulative, please provide: | | | Click Here for | Memo Itemization |
| OccupationEmp | loyer | | | لضا |
| Business Address | | 7 | | • |
| inimaisti iniminimaista maana maana maana maana ka ka maana maana maana maa ka maa iliku ji ka maana maa | in from a person | Fund Raiser | eeessaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa | Thirty has to grow the control of th |
| 3. Contribution #2 PAC Receipt? YES | 4. Date of Rece | lpt <u>07/20/19</u> | | |
| Linda Koch 30563 Ridgefield Ave | Warren MI 4808 | 38 | <u>\$</u> 25 | \$ |
| 5. If over \$100.00 cumulative, please provide: | | | Click Here for | Memo Itemization |
| Occupation Employ | yer | | | |
| Business Address | | | | |
| Type of Contribution: Direct Loa | n from a person | Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YE Name & Address: Joel Rutherford 5683 Storrow Cou 5. If over \$100.00 cumulative, please provide: | | 9 ¹ pt <u>07/20/19</u> 3092 | § 25 Click Here for | \$ Memo Itemization |
| Occupation Emp | loyer | ···· | | |
| Business Address | ····· | | | |
| | an from a person | Marie Company and the Company | an issum kasalasiasia issisia issisia ilaksisia anaiseka assasia ilikiisia. | enemente esta en |
| Contribution # 4 PAC Receipt? Y Name & Address | ES 4. Date of Red | elpt <u>07/20/19</u> | | |
| Suzanne Separa 29234 Geraldine | Ct Warren MI 4 | 18093 | | |
| · | | | _{\$} 25 | \$ |
| 5. If over \$100.00 cumulative, please provide: | | | Click Here for | Memo Itemization |
| Occupation E | mployer | | | EACT . |
| Business Address | | | | |
| [-1 77] | an from a person | Fund Raiser | | |
| | | Page Subiotal | \$125.00 | |
| | | Grand Total of All Schedules 1A | |] |
| | (Соп | plete on last page of Schedule) | Enter this total on | L |
| Page 39 of 51 | | | line 3a of Summary Page. | |



| 1, Committee I.D. Number | |
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| C | ANDIDA LE C | COMMITTEE | 2. Committee Name | | |
|--|-------------------------|--|--|---|--|
| Enter contributor's namiddle initial. Check be Committee (PAC) Rep | ox to indicate if contr | ontribution is from an Individua ribution is from a Political Com egardless of amount. | il, enter last name, first name, mittee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| Contribution # 1 Name & Address: | PAC Receipt? | YES 4. Date of Rec | celpt 07/20/19 | | |
| | 398 Rene Dr | . Warren MI 48091 | | | |
| | | | | ,25 | |
| | | | | \$ 20 | \$ |
| 5. If over \$100.00 cum | | | | Click Here fo | or Memo Itemization |
| Occupation | | _ Employer | | | |
| Business Address | | | | | |
| Type of Contribution: | Direct | Loan from a person | Fund Raiser | | one proposition of the second |
| 3. Contribution #2 Name & Address | PAC Receipt? | YES 4. Date of Rec | celpt 04/28/19 | | |
| | 58 Abbot Stre | et Detroit MI 48226 | , | | |
| IDEN IDEN 10 | 70 7 tbb0t 0tr0 | or botton in nozzo | | _{\$} 250 | \$ |
| | | | | * | <u> </u> |
| 5. If over \$100.00 cum | ulative, please pro | vide: | | Click Here fo | r 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 Re | celpt 06/13/19 | Porovolitaro e constante e provincia de la constante de la constante de la constante de la constante de la cons | to the state of th |
| Michigan Regio | | f Carpenters Michiga naissance Center S | | _{\$} 500 | . \$ |
| 5. If over \$100.00 cun | nulative, please pro | vide: | | Click Here fo | r Memo Itemization |
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| Type of Contribution: | Direct | Loan from a person | Fund Ralser | a lamosa ana ana ana ana ana ana ana ana ana a | |
| 3. Contribution # 4 | PAC Receipt? | YES 4. Date of Re | eceipt 04/28/19 | • | |
| Name & Address CTF Henry Yar | ez 14052 Ber | y Dr. Sterling Height | ts MI 48312 | | |
| OTE HOMY TO | 14002 BOI | y Dr. Otorinig Florgen | (0 tvii 100 i | _s 50 | |
| | | | | \$ 00 | \$ |
| 5. If over \$100.00 cur | nulative, please pro | ovide: | | Click Here fo | r Memo Itemization |
| Occupation | | Employer | | 0.000.1101010 | Thomas it is a second of the s |
| Business Address | | | | | |
| Type of Contribution: | Direct | Loan from a person | Fund Raiser | | |
| tanasa a a a a a a a a a a a a a a a a a | | | Page Subtotal | \$825.00 | |
| | | | Grand Total of All Schedules 1A | , | - |
| | | (Co | omplete on last page of Schedule) | Enter this total on | |
| Page 40 of 51 | _ | | | line 3a of Summan Page. | į. |



| 1. Committee I.D. Number | |
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| CANDIDATE COMMITTEE 2. Committee Name | | |
|--|--|--|
| 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 04/28/19 Name & Address: Friends of Nate Shannon 43313 Interlaken Dr Sterling Heights MI 48313 | _{\$} 100 | \$ |
| 5. If over \$100.00 cumulative, please provide: | Click Here f | or Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/13/19 | al gybellyddigaethaeth deilandu lleiddi lleiddig blaidd en diad yb ellyddig y bellyddig y bellyddig y bellyddig | rinii (Ariofarrikoi ya giasseeenseen ee enasseeensaa ee enassaa ee enassaa ee enassaa ee enassaa ee enassaa ee |
| Friends of Melvin Logan P.O. Box 5426 Warren MI 48090 | <u>s</u> 50 | \$ |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Employer | | يحصن |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address: | - | |
| 5. If over \$100.00 cumulative, please provide: | \$Click Here fo | r Memo Itemization |
| Occupation Employer | | |
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| Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt | g a sa an de diamana a dan diamana | eri kapitani kataloh masa kapita kangga pagaman pagaman pamaman pangan pangan pangan pangan pangan pangan pang |
| Name & Address | | |
| | \$ | . \$ |
| 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 Fund Raiser | | |
| Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 41 of 51 | V 100100 | y |



| 1. Committee I. D. Number | | |
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| CANDIDATE COMMITTEE 2.0 | Committee Name | | |
|--|--|--------------------------------|------------------|
| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| Expenditure #1 Name Michigan Democratic Party Address 606 Townsend St, Lansing, MI 48933 | Purpose: Voter File Access | 02/08/19 - Date Here for Memo | \$ <u>150</u> |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #2 Name PNC Bank Address | Purpose: Checks | 01/13/19 Date | \$ <u>19.99</u> |
| 31200 Mound Rd, Warren, MI 48092 | | Here for Memo | Itemization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #3 | | | |
| Name Chris Marchione | Purpose: Consultant | 03/15/19 Date | \$ <u>750</u> |
| Address 2 9834 Roan Warren ME 46093 | | | Itemization Type |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #4 | | | |
| Name The Modern Age | | 03/11/19 Date | \$ <u>180</u> |
| Address 120 E Hudson Ave, Royal Oak, MI 48067 | Purpose: Design | Date | |
| 120 L Hudson Ave, Royal Cak, Wii 40001 | Click | Here for Memo | Itemization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #5 | | | |
| Name The Modern Age | | 03/11/19 | \$249.66 |
| Address 120 E Hudson Ave, Royal Oak, MI 48067 | Purpose: Banner | Date | ° <u>243.00</u> |
| Fund Raiser | Click Check box if this expenditure is payment of debt or obligation reported on previous statement | | Itemization Type |
| U <u>—</u> | | total this page | |
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| 1, Committee I. D. Number | **** |
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| 1. Committee I. D. Number | **** |

| CANDIDATE COMMITTEE 2. | . Committee Name | | |
|--|---|------------------|--------------------|
| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Dale | 6. Amount |
| Expenditure #1 Name Mejier Address | Purpose: Fundraiser Food | 04/28/19 Date | \$ <u>24.17</u> |
| Madison Heights MI | Click | Here for Memo | ltemizalion Type 💆 |
| Fund Raiser | Check box if this expenditure is payment or debt or obligation reported on previous statement | F | |
| Expenditure #2 | | 0.1.001.40 | |
| Name Michigo Pizza | | 04/28/19 Date | \$ <u>78.14</u> |
| Address | Purpose: Fundraiser Food | Date | |
| 255 W Nine Mile Rd, Ferndale, MI 48220 | Click | Here for Memo | llemization Type |
| ✓ Fund Raiser | Check box if this expenditure is payment o debt or obligation reported on previous statement | f | |
| Expenditure #3 | | | |
| Name Actblue.com | Eoo | 05/03/19 Date | \$ <u>27.27</u> |
| Address | Purpose: Fee | Date | - |
| | Click | Here for Memo | temization Type |
| Fund Raiser | Check box if this expenditure is payment o debt or obligation reported on previous statement | í | |
| Expenditure #4 | | | |
| Name Vantiv.com | | 04/09/19 | \$ 28.23 |
| Address | Purpose: Fee | Date | \$ 20.23 |
| | | Here for Memo | Ilemization Type |
| П | Check box if this expenditure is payment o debt or obligation reported on previous | | |
| Fund Raiser | statement | | _ |
| Expenditure #5 | | | |
| Name Actblue.com | Foo | 04/03/19 | \$15.50 |
| Address | Purpose: Fee | Date | |
| | r | | Itemization Type |
| Fund Raiser | Check box if this expenditure is payment o debt or obligation reported on previous statement | f | |
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ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

| 1. Committee I. D. Number | |
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| CANDIDATE COMMITTEE 2.0 | Committee Name | | <u> </u> |
|--|---|-------------------------------|-----------------------------|
| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| Expenditure #1 Name Kuhnhenns Brewery Address 5919 Chicago Rd, Warren, MI 48092 | Purpose: Food for Fundraiser Click I | 03/06/19 Date Here for Memo | \$ 220 |
| Fund Řaiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Name Actblue.com Address | Purpose: Vendor Fee | 03/04/19 Date | \$ <u>4.52</u> |
| | Click I | Here for Memo I | temization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #3 Name The Modern Age Address 120 E Hudson Ave, Royal Oak Mi 48067 | Purpose: Buisness Cards | 04/24/19 Date | \$ 134.75 |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | TOTO TO MOTO | Contraction Type |
| Expenditure #4 Name Chris Marchione Address 29837 Roan Warren MI 48093 | Purpose: Consultant Click I | | \$ 250 |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #5 Name Chris Marchione Address 29837 Roan MI Warren MI 48093 | 1, | | \$ 1500 Itemization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
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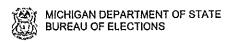
ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

| I. Committee I. D. Number | | |
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Summary Page

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|--|-----------------|--|
| Expenditure #1 | | 004444 | |
| Name Vantiv.com | | 03/11/19 | \$ 7.62 |
| Address | Purpose: Fee | Date | |
| | Click H | ere for Memo I | lemization Type |
| | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #2 | | | |
| Name The Modern Age | | 05/10/19 | \$ 1098.2 |
| Address | Purpose: Postcards | Date | |
| 120 E Hudson Ave Royal Oak MI 48067 | | ere for Memo II | temization Type |
| | Check box if this expenditure is payment of | | الجنفا |
| Fund Raiser | debt or obligation reported on previous | | |
| Expenditure #3 | statement | | |
| Name Sawicki \$ Son | | 05/20/19 | 4405 |
| | Purpose: Yard Signs | Date | s <u>1105 </u> |
| Address 1521 W, Layafette Detroit MI 48216 | | | <u> </u> |
| • | l 🗀 | ere for Memo II | temization Type |
| Fund Raiser | L_ICheck box if this expenditure is payment of debt or obligation reported on previous | | |
| Expenditure #4 | statement | · | |
| Name USPS | | 05/22/19 | |
| 031 3 | | Date | \$ <u>33</u> |
| Address 29404 Mound Dd Morron MI 49000 | Purpose: Stamps | | |
| 28401 Mound Rd, Warren, MI 48090 | Click H | lere for Memo I | lemization Type |
| | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #5 | | | |
| Name Panera Bread | | 06/03/19 | 640.06 |
| Address | Purpose: Volunteer Food | Date | \$ <u>19.26</u> |
| 36808 Van Dyke Ave, Sterling Heights, MI | Click F | lere for Memo l | temization Type |
| 48312 | Check box if this expenditure is payment of | | i lacuil |
| Fund Raiser | debt or obligation reported on previous statement | | |
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| | Grand Total of all | | |
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2. Committee Name



| . Committee I. D. Number | |
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| CANDIDATE COMMITTEE 2, C | ommittee Name | | |
|--|--|-----------------|--|
| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| Expenditure #1 | | | |
| Name Ace hardware | | 06/03/19 | s 16.94 |
| Address | Purpose: zip ties | Date | |
| 3830 E Thirteen Mile Rd, Warren, MI 48092 | | tere for Memo I | temization Type |
| | | ioi monio (| الشما " الشما |
| Particus. | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #2 | | | |
| Name vantiv.com | | 06/11/19 | \$ 21.03 |
| Address | Purpose: Fee | Date | |
| Address | | | . <u> </u> |
| | Click I | tere for Memo l | lemization Type |
| | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #3 | *************************************** | | |
| Name Sawicki \$ Son | | 06/05/19 | |
| σαντιστί ψ σοι i | Vord Signs | Date | \$ <u>1018.98</u> |
| Address | Purpose: Yard Signs | Date | |
| 1521 W, Layafette Detroit MI 48216 | Click ł | Here for Memo I | temization Type 🛒 |
| | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #4 | State and the st | | |
| Name Actblue.com | | 06/05/19 | |
| Vornineroom | | Date | \$ <u>10.67</u> |
| Address | Purpose: Fee | Date | <u> </u> |
| | } | Here for Memo I | temization Type |
| | | | 7,74 |
| | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #5 | | | |
| Name Connor Berdy | | 06/15/19 | •700 |
| Address | Purpose: Loan Reimbustment | Date | \$ <u>700 </u> |
| 32252 HAwthorne Warren MI 48092 | | 11 6 84 | n tarta y e िहा |
| | Click Check box if this expenditure is payment of | | Itemization Type 📉 |
| | debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
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| 1. Committee I. D. Number | | |
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| Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5, Date | 6. Amount |
|---|---|--|----------------------|
| Expenditure #1 | | | |
| Name Buddy's Pizza | | 06/13/19 | s 158.28 |
| Address | Purpose: Food | Date | |
| 8100 Old 13 Mile Rd, Warren, MI 48093 | | Here for Memo | temization Type |
| | | | 7,7 |
| ✓ Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Expenditure #2 | statement | | |
| Name The Modern Age | | 06/13/19 | - 40 |
| The Modelli Age | l it | Date | \$ <u>40</u> |
| Address | Purpose: Lit | | _ |
| 120 E Hudson Royal Oak MI 48067 | Click | Here for Memo I | temization Type |
| | Check box if this expenditure is payment of | : | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #3 | | ······································ | |
| Name The Modern Age | | 06/13/19 | . 000 44 |
| · . | _ | Date | \$ <u>633.44</u> |
| Address 120 E Hudson Royal Oak MI 48067 | Purpose: Lit | | ·1 |
| | Click | Here for Memo I | lemization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous | f | |
| Expenditure #4 | statement | | |
| Name American Polish Century Club | | 00/00/40 | |
| American Folish Century Club | | 06/22/19 Date | s 150 |
| Address | Purpose: Advertisment | Date | |
| 33204 Maple Lane Sterling Height MI 48312 | Click | Here for Memo i | temization Type |
| | Check box if this expenditure is payment of | | 3,00 |
| Fund Raiser | debt or obligation reported on previous | | |
| Expenditure #5 | statement | | ~~~~~~~ ~ |
| | | | |
| onn tony Edw, 1 O | Logol Econ | 07/17/19 | \$ 1000 |
| Address 30300 Northwestern Hung Sto 324 | Purpose: Legal Fees | Date | |
| 30300 Northwestern Hwy Ste 324, Farmington Hills, MI 48334 | Click | Here for Memo | itemization Type |
| | Check box if this expenditure is payment of debt or obligation reported on previous | f | |
| Fund Raiser | statement | · · · · · · · · · · · · · · · · | |
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| | Grand Total of all | | |
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2. Committee Name

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| 1. Committee I. D. Number | |
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| CANDIDATE COMMITTEE 2.0 | Committee Name | | |
|--|---|--------------------------------------|---|
| 3. Name and address of person or vendor to whom pald | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| Expenditure #1 Name C and G Newspaper | Ad | 07/03/19 Date | \$ <u>652</u> |
| Address 13650 E Eleven Mile Rd, Warren, MI 48089 | Purpose: Ad Click | | llemization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | ·f | |
| Expenditure #2 | | | |
| Name Panera Bread | | 07/06/19 | \$ 17.14 |
| Address | Purpose: Volunteer Food | Date | |
| 36808 Van Dyke Ave, Sterling Heights, MI 48312 | | Here for Memo | Itemization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | of | |
| Expenditure #3 | | | |
| Name City of Warren | Clark Foo | 07/05/19 Date | \$ <u>21.50</u> |
| Address | Purpose: Clerk Fee | Date | |
| 1 city square Warren MI 48093 | Click | Here for Memo | Itemization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | of | |
| Expenditure #4 | Sidemon | | |
| Name Actblue.com | | 07/05/19 | \$ 6.78 |
| Address | Purpose: Fee | Date | |
| | | k Here for Memo | Itemization Type |
| Fund Raiser | Check box if this expenditure is payment debt or obligation reported on previous statement | of | |
| Expenditure #5 | | | |
| Name The Dovetail | | 07/13/19 | *OF 45 |
| Address | Purpose: Event Food | Date | \$ <u>25.15</u> |
| 29200 Hoover Rd, Warren, MI 48093 | | k Here for Memo | Itemization Type |
| Fund Raiser | Check box if this expenditure is payment debt or obligation reported on previous statement | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
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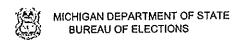
SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 23 1397

2. Committee Name CTE Connor Berdy

| | | | C America |
|--|---|-----------------|--------------------|
| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| Expenditure #1 | | | |
| Name Ace Hardware | 1 | 07/14/19 | \$ 8.47 |
| | 7in Tipe | Date | V-0.71 |
| Address | Purpose: Zip Ties | | |
| 3830 E Thirteen Mile Rd, Warren, MI 48092 | Click H | ere for Memo i | temization Type |
| | | | न्यक्रमी : - |
| proved | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Ralser | statement | | · |
| Expenditure #2 | | | |
| Name Vantiv.com | | 07/09/19 | . 44.05 |
| v anuv.com | | Date | \$ <u>14.05</u> |
| Address | Purpose: Fee | Dale | |
| | İ | | landa - University |
| | Click H | ere for Memo l | temization Type |
| | Check box if this expenditure is payment of | | |
| Fund Rolens | debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #3 | | | |
| Name USPS | | 07/17/19 | . 17 OG |
| · - | Poetago | Date | \$ <u>17.06</u> |
| Address | Purpose: Postage | Pala | |
| | Click H | ere for Memo I | temization Type |
| | ļ _[] | | ** <u>84</u> |
| | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #4 | | | |
| Name | | | |
| | 1 | D-1- | \$ |
| Address | Purpose: | Date | |
| | | | |
| | Click H | lere for Memo l | temization Type |
| | Check box if this expenditure is payment of | | |
| m | debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #5 | | | |
| Name | | | |
| | | | \$ |
| Address | Purpose: | Date | |
| | Click I | tere for Memo | Itemization Type |
| | Check box if this expenditure is payment of | | . 14. |
| — | debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| | Subto | otal this page | |
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| | Grand Total of all (Complete on last page | | |
| | /osubiolo ou last bag | | Catanthia Intel |

Enter this total on line 8a of Summary Page



FUND RAISER SCHEDULE 1F

onnor Berdy CANDIDATE COMMITTEE 2. Committee Name - USE A SEPARATE SHEET FOR EACH EVENT -6. Address and Name (If any) of the 4. Number of Individuals Attending 5. Type of Fund Raising Activity 3. Date Event Was Held place where the activity was held. or Participaling (whichever is greater) tenhaheun Berning tickety 5919 Chicago Rd 1905 7. Total Contributions 8. Other Receipts 9. Gross Receipts (Add lines 7 and 8) 220 10. Total Cost of Event (Total Cost includes In-Kind Contributions and All Expenditures Made For the Event) 11. Check if event was a joint fund raiser and complete the following: **Expenditure Split** Contribution Split Co-Sponsor(s) (%) (%) The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement. Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.

Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

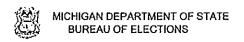
1. Committee I.D. Number



FUND RAISER SCHEDULE 1F

| CANDIDATE CO | OMMITTEE 2. Com | mittee Name | |
|--|--|--|--|
| | - USE A SEPARATE SH | EET FOR EACH EVENT | |
| 3, Date Event Was Held | 4. Number of Individuals Attending or Participating (whichever is greater) | 5. Type of Fund Raising Activity | 6. Address and Name (If any) of the place where the activity was held. So Ha 205 V NiM1'le, Fc/11. Private Residence 4 8224 |
| 7. Total Contributions | 1779 | | · |
| 8. Other Receipts | | | |
| 9. Gross Receipts (Add lines 7 | and 8) | | |
| 10. Total Cost of Event (Total Cost includes In-Kind Co | \ () 2. ∕ & ontributions and All Expenditure | | |
| 11. Check if event was a jo | pint fund raiser and complete the | e following: | |
| Co-Sponsor(s) | Contribution (%) | Split | Expenditure Split (%) |
| | | | |
| | | | |
| | | | |
| | | | |
| period covered by the Receipts and expendi Schedule (1A), Itemiz Summary Page. | rired to file a separate Fund Rai Campaign Statement. tures listed on a Fund Raiser So ed In-Kind Contributions Schedu participated in a joint fund raiser | chedule must also be reported ule (1-IK), Itemized Expenditur | on the Itemized Contributions es Schedule (1B) and the |

1. Committee I.D. Number



| FUND RAISER SO | JIILDOLL II | miltee I.D. Number | |
|--|---|----------------------------------|---|
| CANDIDATE CO | OMMITTEE 2. Com | ımittee Name | |
| | - USE A SEPARATE SH | EET FOR EACH EVENT | • |
| 3. Date Event Was Held | 4. Number of Individuals Attending or Participating (whichever is greater) \[\begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 5. Type of Fund Raising Activity | 6. Address and Name (if any) of the place where the activity was held. Buddys Rizgo Sign and Is mile Private Residence |
| 7. Total Contributions | 1385 | | Y GO 9 |
| 8. Other Receipts | | | |
| 9. Gross Receipts (Add lines 7 | | | |
| 10. Total Cost of Event (Total Cost includes In-Kind Co | ontributions and All Expenditures | | · |
| 11. Check if event was a j | oint fund raiser and complete the | following: | |
| Co-Sponsor(s) | Contribution S (%) | Split | Expenditure Split (%) |
| | | | |
| | | | |
| | | | |
| <u> </u> | | | |
| | | | <u> </u> |

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

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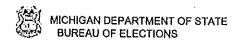
FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

| 1. Committee I.D. Nun | nber | |
|-----------------------|------|--|
| 2. Committee Name | | |

| 0,4,10,10,1,11 | 2. Com | mittee Name | |
|--|--|----------------------------------|---|
| | - USE A SEPARATE SH | EET FOR EACH EVENT | M |
| 3. Date Event Was Held | 4. Number of Individuals Attending or Participating (whichever is greater) | 5. Type of Fund Raising Activity | 6. Address and Name (If any) of the place where the activity was held. 32252 How thorne Or, Worred, MI Private Residence |
| 7. Total Contributions | 1450 | | |
| 8. Other Receipts | | <u></u> | |
| 9. Gross Receipts (Add lines 7 | and 8) | | |
| 10. Total Cost of Event (Total Cost includes In-Kind Co | ntributions and All Expenditures | Made For the Event) | |
| 11. Check if event was a jo | int fund raiser and complete the | following: | |
| Co-Sponsor(s) | Contribution S (%) | Split | Expenditure Split (%) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| The committee is requiperiod covered by the 0 | red to file a separate Fund Rais Campaign Statement. | er Schedule for each fund rais | ing event held during the |

- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

| Page | | of | |
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DEBTS AND OBLIGATIONS 1. Committee I.D. Number 231397 SCHEDULE 1E

| Committee I.D. Number _ | 201007 |
|---|--------------|
| Friendsoc | - |
| 11,6,102 | Connor Berdy |
| | |

| CANDIDATE COMMITTEE 2.0 | Oliminico Hallie | | | | | |
|--|--|---|---------------------------------------|--|--|--|
| This Schedule itemizes: | | | | | | |
| | miltee OR b. Debteck either a or b. Use only for the pu | s and obligations owed <u>to</u> o rpose checked.) | r forgiven <u>by</u> the cor | nmittee. | | |
| Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or | 4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt | 7. Date and amount of each payment | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) | | |
| guarantors, if any. | or debt | | | | | |
| Debt #1 Corp? Yes Owed to or by: | 4. Type: Loan | \$ | , | | | |
| Connor Berdy 32252 Hawthorne Warren MI 48092 | 5. Date Debt Was Incurred: | \$ | | | | |
| ************************************** | 06/04/19 | \$ | | 700.00 | | |
| | 6. Original Amount of Debt: | \$ | \$ | \$ <u>700.00</u> | | |
| | \$_700.00 | <u>_</u> | | FORGIVEN | | |
| If bank loan, name of endorser or guarantor: | | | | | | |
| | | Amount Endorsed: \$ | | | | |
| Owed to or by: | 4. Type: Loan | \$ | | | | |
| Connor Berdy 32252 Hawthorne Warren MI 48092 | 5. Date Debt Was Incurred: 7/17/19 | \$ | | | | |
| | 6. Original Amount of Debt: | \$ | | s 6,000.00 | | |
| | s 6,000.00 | \$ | | * | | |
| | V | \$ | | FORGIVEN | | |
| If bank loan, name of endorser or guarantor: | | Am | ount Endorsed: \$_ | | | |
| Debt #3 Corp? Yes | 4. Type: | | 21100,000. | | | |
| Owed to or by: | | \$ | | | | |
| | 5. <u>Date Debt Was Incurred</u> : | \$ | | | | |
| | 6. Original Amount of Debt: | <u> </u> | l g | 3 | | |
| | \$ | \$ | · • | | | |
| | V | \$ | | FORGIVEN | | |
| If bank loan, name of endorser or guarantor: Amount Endorsed: \$ | | | | | | |
| | | | | \$6,700.00 | | |
| Page Subtotal (Outstanding debt) Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee) | | | | | | |
| | | | | | | |