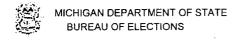


CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

0012111102	,	14		
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and continue to the continue of the continue to the continue t	I signed by andidate.	3. This Statement covers From	1/1/19 to	10/20/19
1. Committee I.D. Number 13923 9	· · · · · · · · · · · · · · · · · · ·	4. Candidate Last Name San Well 4a. Office Sought Including Dis	First Name COTIC trict # or Community Served	
2. Committee Name Friends of G	oriBernuel	1 "		(шарриозала)
		4b. County of Residence	acomh	
5. Committee's Mailing Address	.	6. Treasurer's Name & Reside		()
30130 Gruen		Bill Barno) (ac	8 2
Warren, MIS	4092	30130 Gra	•	Crist 13 Pe
Area Code and Phone 810-374-3		When	MI 48072	9 OCT 25 PM 3: 03
mailing address on the Statement of Organization, I be sent to this address by the filing official.	mail may	Area Code & Phone 810-	-394 -29 52	
7. Treasurer's Business Address		8. Designated Record Keeper Designated Record Keeper)	's Name and Address (If the	committee has a
Same as ab	oX	MA		
Area Code and Phone		Area Code and Phone		
9. TYPE OF STATEMENT	Required ON	NLY if candidate	9e. Dissolution of Candid	date Committee
9a Pre-Election OR 9b Post-Election	is not on the	ballot for the		I/We certify any outstanding debt
Pre-Election or Post-Election Statement relates to:			by discharged and forgiven	, and no longer collectible from ittee has no oustanding assets,
Primary:	July Quarl	erly	owes no lates fees or has a	
/ Peneral	October C	luarterly	Further if the dissolution ca	annot be granted, that this be
Convention			considered a request for the	Reporting Waiver.
Special	9c. 🗀 .			
School	Annua	ol Statement () Coverage Year	Effective date of	dissolution
Caucus	ad Amer	dment to Campaign Statement		
Caucus	(Com	plete Item 9a, 9b, 9c or 9e to te which Statement is being ded.)	Note: The disposition of res Schedule 1B and the Sumr	sidual funds must be reported on mary Page.
Date of Election, Convention or Caucus				
11/5/19			-	
		i		
	<u> </u>			
10. Verification: I/We certify that all reasonable dilig my/our knowledge and belief the contents are true,			ent and attached schedules	(if any) and to the best of
Current Treasurer or Designated Record keeper B	mul	1/2	Date	10-29-19
Type or Print Name:		Signature	1 1	
Candidate Loge (1) 13	anu	ell Kor	M Sate	10-29-19
Type or Print Name)	Signature		

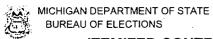


SUMMARY PAGE

1. Committee I.D. Number 139 339

2. Committee Name Friends of Lorie Bamuri

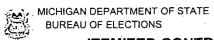
CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	31.33	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>01) 193</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	and land
. c. Subtotal of "Contributions"	(3c.) \$ <u>21,193</u>	(18.) \$ 46,605
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 21,193	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES	ہ	
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	and the second of the second of	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ _ 2 2 725,60_	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	24 585 31
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(e.) \$ 22,725.60	(23.) \$ 24, 585,3/
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Uniternized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.)\$ <u>13,000</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE	(13.) \$	
(Subtract line 16 from line 15)	(17.) \$	•



CANDIDATE COMMITTEE

1. Committee I.D. Nur	mber 1591	-51		
2 Committee Name	Friends	of Cari	e Brica	· (x)

<u> </u>		
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 Name & Address: PAC Receipt? YES 4. Date of Receipt 3/1/19 RCS 976 M VIS TYCAD 79	100 8	5 <u>\$ 100,00</u>
5. If over \$100.00 cumulative, please provide:		or Memo Itemization
Occupation Employer		
Business Address		·
Type of Contribution: Direct Loan from a person D Fund Raiser		
3. Contribution #2 Name & Address PAC Receipt? DYES 4. Date of Receipt 31V/5 F135 Star Bank PAC		٨
5151 Corporate Dr.	s 100,00	\$ 100,00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
OccupationEmployer		4
Business Address		·
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 Name & Address: Michigan Resional Council of Capatris PA	() (),000	s 4.000
5. If over \$100.00 cumulative, please provider MI 48243	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 3/2/19 Lisa West IK 70 Apole Lane S	s 100,00	s_100,00
(Cey, MI 48096	\$ 10 0,00	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		to the second
Page Subtotal	J₃3∞	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		إ



1. Committee I.D. Number

•	CANDIDATE (COMMITTEE	2. Committee Name + CIG	nds at lat	HE BACAWOLL
middle initial. Che		ribution is from a Political Co	ual, 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 # Name & Address:	Leonard 1	Cancilia			
5. If over \$100.00	cumulative, please pro	starcreek Centhinston Two, /	E 48094	\$ 100,00	s 300.0 <i>h</i>
Occupation	Developer	_ Employer Rancil	io & Associates	Click Here to	or Memo Itemization
Business Address Type of Contribution	0n: Direct	Loan from a person	Fund Raiser		
Contribution #2 Name & Address	PAC Receipt? Nevad S	TYES 4. Date of Research Andrewski		60,001 e	s 100.00
	o cerr	arlyle Crossic confidd, MI 48:	5° 30 0	\$ <u>100,00</u>	\$ 100,00
5. If over \$100.00	cumulative, please pro	vide:		Click Here fo	r Memo Itemization
Occupation	X	Employer			
Business Address	·				
Type of Contribution	on: Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 Name & Address:	Joseph To	YES 4. Date of F	Receipt 3/13/19	303.00	s 500.00
		tewart Ur.		\$ <u>200;@</u>	\$ 500,00
5 If over \$100.00	Macomb, cumulative, please pro	M1 4804)		Click Here fo	r Memo Itemization
	11/wrisht	_ Employer Millichi	1 18		
Business Address Type of Contributi		Ound Rd, Wo. Loan from a person	Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?	<u> </u>	Receipt 3/13/19		
	20 Wilson	- · · · ·		s 100.00	\$ 200,00
5. If over \$100.00	Gross Pointe cumulative, please pro		1111	Click Here fo	r Memo Itemization
Occupation	Director	A 1 1 .	wrights Cocal IK	2	
Business Address	. <u>23401</u>	Maind Rd. (Nerres, MI 4800	<i>V.</i>	
Type of Contribu	ıtion: Direct	Loan from a person	Fund Raiser	*	
	- AVIDNE A-		Page Subtotal	500,00	_
			Grand Total of All Schedules 1A		

(Complete on last page of Schedule)



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Nu	mber 139239	· · ·	
2 Committee Name	Friends of Coriel		2/

CANDIDATE COMMITTEE		
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 3/15/19 Name & Address: Cichard Palmer 11295 Tare Or, Charren, MT 48093 5. If over \$100.00 cumulative, please provide: Occupation	§ 25,00 Click Here fo	s 25,00 r Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 3/19/15 Name & Address Stave Staventhardt 3420 Raven Noval Oak, MT 47073 5. If over \$100.00 cumulative, please provide:	\$ 100,00	\$00,00
OccupationEmployer	i	
Business Address,		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 3/25/19 Name & Address: Elechor Stes 8 23 9 Stude baker Warren, AAF 48089 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	\$	\$_ <i>00,00</i> _ Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser	The second secon	
3. Contribution # 4 Name & Address Shellen Freers Shellen Freers Freser MT 48026 5. If over \$100.00 cumulative, please provide: Occupation Attorney Business Address 17757 F. 19 Mile Freser MT 48026 Type of Contribution: Direct Loan from a person Fund Raiser		sQ <i>O0,00</i>
Page Subtotal	425.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Page 3 of 29



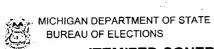
MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

1. Committee I.D. Number 1390

Page.

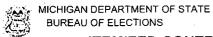
CANDIDATE COMMITTEE 2. Committee Name	ENDS OF C	THE PAINTY
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions 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 3/25/19. Name & Address: David Metzler 29567Park Place Dr. Weren, MI 48093 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$ 35.00 Click Here f	\$ 90,00 for Memo Itemization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 Name & Address Mike Fawar 614 60 H Crest Dr. Dearborn, Mt 48124 5. If over \$100.00 cumulative, please provide: Occupation Business Aleaf Employer Milwrithts 1102	s <i>100,00</i> Click Here f	s How Stemization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 Name & Address: Cecil St, Pierre		
32595 Shoring When MT 40013 5. If over \$100.00 cumulative, please provide:	\$ 100.00 Click Here fo	- \$ <u>↓ 0 θ - Ω Û</u> 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 3/55/19 Name & Address George Chype 4.753 Stilwell Dr. 5. If over \$100.00 cumulative, please provide:		or Memo Itemization
Occupation Employer Business Address Type of Contribution: Direct		
Page Subtota Grand Total of All Schedules 1A (Complete on last page of Schedule	305,00	



CANDIDATE COMMITTEE

1. Committee I.D. Number 1370	739	
2 Committee Name FriEnds	of Corie	Ramuel

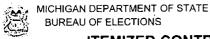
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 3/2/16		date of recorpt)
Name & Address: Caroline Reams		
34669 Amsterdam Dr.		200 NG
Carl Matter AT 40212	\$ 200.00	s 000,00
Sterling Heights, NI 48312		
Occupation Hamensker Employer Self	Click Here for	or Memo Itemization
	217	
Business Address 34669 Amsterdam Dr. Sterlingtheights, MI 485	310	
Type of Contribution: Direct Loan from a person Fund Raiser		, <u>.</u>
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 3/25/19		•
Name & Address Friends of Nete Shanpa		
	1:2	44 AA
43313 Interlakenon	\$ 100,00	\$ 100 coo
Sterling Heisters, MI 48313		
5. If over \$100.00 cumulative, please provide:	Click Here fo	or 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 3/2-19		
Name & Address:		4
Name & Address: Joel Rutherford	المراجعة المراجعة	
5683 Storrow	\$ 100,00	s 100.00
(A)como AT so-o-	Olinic Unno fo	- Mama Hamization
5. If over \$100.00 cumulative, please provide:	Click Here to	r Memo Itemization
OccupationEmployer		
- Cocopieson		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 365/19		
Taketh Rioda		!
11 223 Irvington Dr.	.100 ac	\$ 150,00
CALATTER MT ASSAT	\$ 100,00	s 13010
5. If over \$100.00 cumulative, please provide:	00.1.11	. Mana linerization
	Click Here to	or Memo Itemization
Occupation RCWPCO Employer		
Business Address		
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1. Committee I.D. Number

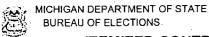
CANDIDATE COMMITTEE 2. Committee Name	riends of co	rie Demwell
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions 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 3/25/9 Liz Sierawsk;		
57e-1:03 the ishts MT 48313 5. If over \$100.00 cumulative, please provide: Occupation Employer	s 100.00	s WO, CO
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 3/35/19 Arthur Miller 11 139 01116 Cocupation Coborst Employer City Of Cores Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 3/5/19	\$ 100,00	s 300,00 r Memo Itemization
Name & Address: Standard Manager Standard Stand	\$ 100,00 Click Here for	\$OO . OO Memo Itemization
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 100,00 Name & Address Sodine Switc/Ski, 30 iver Bluff Mt. Clemens AT 48043 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		s_(OO _r CO) Memo Itemization
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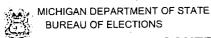


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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions 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 3/35/19. Name & Address:		
Derlene French 23891 Federal Ave	s 100,00	s 100,00
5. If over \$100.00 cumulative, please provide! ALT 48089	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 3/25/19 Name & Address Joan Bell		
4060 Wilson Dr.	s 500,0	d s 1,100
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation Refined Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 3/25/19 Name & Address:		
26657 Hoverhill	s 100,0	0 , 200,00
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation County CommoScorrEmployer Macanto County		
Business Address / S.Ma'n St. Mt. Clemen S. M. 48013 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt		
Name & Address	200/00	Apple
5. If over \$100.00 cumulative, please provide	Click Here to	or Memo Itemization
Occupation <u>Smployer</u>		€
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)	700,00	

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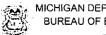
CANDIDATE CONTINITIES 2. Committee Name 1/2/3	TO OF CALL SELVENTY
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: Michelk Stefanousk; 5.1852 Blue Spruce Macomby AT 48042	<u> 100,00 </u>
5. If over \$100.00 cumulative, please provide: Occupation CUMC / MARSH Employer MCTO Back 6r. 11 Business Address 30 860 Cyan Ad. Lawren, MI 48093 Type of Contribution: Direct Loan from a person Fund Raiser	Click Here for Memo Itemization
3. Contribution #2 Name & Address Walter Hage 21351 Uan Dike Werren, MI 48089 5. If over \$100.00 cumulative, please provide: Occupation Refiled Employer Business Address	s 100,03 s 200,00 Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 3 9 Name & Address: Coart Cochester Hills, MT 48 30 5. If over \$100.00 cumulative, please provide: Occupation Attornay Employer Self Business Address 49 State Coart Type of Contribution: Direct Loan from a person Fund Raiser	\$ 100,00 \$ 250,00 Click Here for Memo Itemization
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 3/5/9 Name & Address Sharthan Cafferty 28 727 Cunning ham Dr., 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	Solick Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A	400,00



1. Committee I.D. Number

Enter contributor's name and address. If contribution is from an individual, unter last name, first name, diddle initial. Check bot to indicate in combination is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of smount. 3. Contribution # 1 Name & Address: Day Sharp Receipt YES 4. Date of Receipt 3,35/9	CANDIDATE COMMITTEE 2. Committee Name 2.	LEWAZ OIG	ar onwar
Name & Address: Dougles Rejark Rod Rod	middle initial. Check box to indicate if contribution is from a Political Committee or an Independent	6. Amount	Election Cycle for Each Contributor (Through
Decupation Accordant Employer City of Walter Special S	Name & Address: Douglas Reichle 30 Diverside Dr.	s 100,00	300,00
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 3/25/49	Occupation Accordant Employer City of Warren	Click Here fo	or Memo Itemization
Name & Address John Ake 21 Ker Chan Ake 21 Ker Chan Ake 21 Ker Chan Ake 3 Click Here for Memo Itemization 5 Lick Here for Memo Itemization 5 Lick Here for Memo Itemization 6 Lick Here for Memo Itemization 7 Lick Here for Memo Itemization 8 Locupation State Seator Employer State of Michiason 8 Locupation Direct Loan from a person Fund Raiser 1 Seator Employer State of Michiason 2 Seator Employer State of Michiason 3 Contribution: Direct Loan from a person Fund Raiser 5 Lick Here for Memo Itemization 6 Seator State of Michiason 5 Lick Here for Memo Itemization 6 Click Here for Memo Itemization 7 Lick Here for Memo Itemization 6 Seator State of Michiason 8 Local State of Michiason 9 Lick Here for Memo Itemization 1 Seator State of Michiason 2 Local State of Michiason 2 Local State of Michiason 3 Local State of Michiason 4 Pack Receipt State of Michiason 5 Local State of Michiason 5 Local State of Michiason 5 Local State of Michiason 2 Local State of Michiason 3 Local State of Michiason 4 Local State of Michiason 5 Local State of Michiason 6 Local State of Michiason 6 Local State of Michiason 6 Local State of Michiason 7 Local State of Michiason 8 Local State of Michiason 8 Local State of Michiason 8 Local State of Michiason	Type of Contribution: Direct Loan from a person Fund Raiser		
Direct Loan from a person Fund Raiser 3. Contribution: Direct Loan from a person Fund Raiser 3. Contribution: A PAC Receipt? YES 4. Date of Receipt 3/3 1/9 Sala Sala Sala Sala Sala Sala Sala Sal	Name & Address John Ake 21 Kerchaun Aue	s 100,00	\$ 100,00
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Name & Address: Full Word 30035 Margaret Ct 5. If over \$100.00 cumulative, please provide: Coccupation State Seator Employer State, of Michiason Business Address Box 30036 Casin Att 48009 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 232/5 Name & Address 3417 Foreign Cabox Funded Fund Raiser Click Here for Memo Itemization Page Subtotal Grand Total of All Schedules 1A	Type of Contribution: Direct Loan from a person Fund Raiser		
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Grand Total of All Schedules 1A	Type of Contribution.		
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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

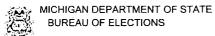
1. Committee I.D. Number 139239

CANDIDATE COMMITTEE 2. Committee Name	MARIO OI S	OK CHIVUELL
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 3/55/19 Name & Address: Millwrishts (10) Refirees Club 60 2370 1 Mound Rd 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$Click Here fo	s 400,00 or Memo Itemization
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3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 365/9 Name & Address Brian D'SI)UC 11019 Common Rd Warren MT 98092 5. If over \$100.00 cumulative, please provide: Occupation Technician Employer Sett	\$ \sumset 5 \oldots 00	Memo Itemization
Business Address 1019 Common Rd. Warren, Mt. 48092 Type of Contribution: Direct Loan from a person Fund Raiser		and the second s
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Grand Total of All Schedules 1A (Complete on last page of Schedule)

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Page 10 of 29



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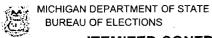
1. Committee I.D. Number **CANDIDATE COMMITTEE** 2. Committee Name

	. "	
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3. Contribution # 1 Name & Address: PAC Receipt? YES 4. Date of Receipt 3/35/19 Command Office Command Office State Aggod S. CNIC Center 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 Name & Address Time Receipt? YES 4. Date of Receipt 3/25/19 Name & Address	\$00,00	\$ 800,00
Tim Brice 34901 Woodward Ste 300 Birningham, MI 98009 5. If over \$100.00 cumulative, please provide: Occupation Printe Walth Casulfaity Bryce Group Business Address 34901 Woodward Ave Ste, 300 Birningham, Type of Contribution: Direct Loan from a person Fund Raiser		or Memo Itemization
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 35/19 Registrars PAC Cocal 58 IBECO 1355 Abbott 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	\$ <u>500,0</u> Click Here fo	or Memo Itemization
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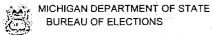
CANDIDATE COMMITTEE 2. Committee Name 1.1	LAGO OF CO	the revenue
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions 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 3/25/19 Name & Address:		
Melinda Moore		
11530 Short Dr.	s 100,00	<u>\$ 400,00</u>
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320 Forest Ave 20ya10aK, AI 48067 5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
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Cori Stone 27582 Evelyn	: 100,a	s 100,00
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·Business Address		
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Page 12 of 29

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line 3a of Summary Page.

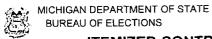


1, Committee I.D. Number

CANDIDATE COMMITTEE 2. Committee Name	ends of Coi	in Barnwell
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 Name & Address: PAC Receipt? YES 4. Date of Receipt 3/25/19 MILER FOR MICHIAGA 1139 Olive St St. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$ 100,00 Click Here fo) <u>\$ \00,00</u> r Memo Itemization
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3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 100,00 Pat Green 3929 Mariene 5. If over \$100.00 cumulative, please provide: Occupation To Surana Employer Descants Insurance Business Address 26503 Hapar Ave St. Chir Shores MI 48001 Type of Contribution: Direct Loan from a person Fund Raiser	\$ JOO , OC Click Here for	s 300,00
3. Contribution #4 Name & Address To MM OSMAN 29647 Curie 5. If over \$100.00 cumulative, please provide Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	S GO , OO Click Here for	\$ <u>60</u> r 00 Memo Itemization
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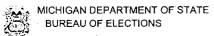
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1. Committee I.D. Number

CANDIDATE COMMITTEE 2. Committee 1	Name 1 15/M 3 G L CASS
Enter contributor's name and address. If contribution is from an individual, enter last name, fi middle initial. Check box to indicate if contribution is from a Political Committee or an Independent (PAC) Report all contributions regardless of amount.	irst name, 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 3/35 Name & Address: Mary Mata Czynski 28572 Aspen Dr. Warren MI 48093 5. If over \$100.00 cumulative, please provide:	\$ 30,00 \$ 55 00 Click Here for Memo Itemization
OccupationEmployer	
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 3/25/1 Name & Address William H. Bamwell 288346 moles Warren, MT 48092	s 150,00 s 150,00
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Business Address Type of Contribution: Direct Loan from a person Fund Raiser	*
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 3/257 Name & Address: Lecty 69 MeC 29 900 Civic Center Warren, MT 42093 5. If over \$100.00 cumulative, please provide:	\$ 60,00 s (00,00 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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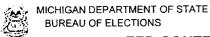
ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number	139239	
2. Committee Name	irms of Cor	ie Parauell

Enter contributor's name and address. If contribution is from an individual, enter last name, first namiddle 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 3/25/19 Name & Address:			
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5. If over \$100.00 cumulative, please provide:		Click Here fo	or Memo Itemization
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27529 Newport Dr.		\$ 100,00	s 100,00
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16 ST WIGEART,		\$100,00	\$ 100,00
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Grand Total of All Schedules 1A (Complete on last page of Schedule)

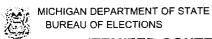


I., Committee I.D. Number	139239
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CANDIDATE COMMITTEE 2. Committee Name 2.	LLEWS OF M	one Dornnell
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 3/25/19 Name & Address: Cyndsey Roeste 1955 Cast leton	<u> </u>	200 ac
1955 Castleton Tray, MI 48083	s 100,00	\$ 000,00
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Occupation Nany Employer Seff		
Business Address 1375 (ast 1801 Troy, M. 478)		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 3/25/19		
Name & Address Bill Barnwell 30130 Gruentans Warren MI 48090	s 400.00	: 1900,00
500 MT 48097	\$ 10.0,00.	\$ 1100700
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Business Address 411 E. 11 Mile Ud Roya Oak 48067		
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3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/22/19 Name & Address:	<u></u>	
48728 Jamie Circle	\$ 100,00	, 100,00
The Circle		
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Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 76519 Name & Address Mark Ciss		***************************************
27472 Haverhill Werren, MT 48092	\$100,CC	s 100,00
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Page 1.6 of 29

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ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

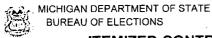
1. Committee I.D. Number	159239	
2. Committee Name	riends of Come Because)

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middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7/13/15	
Name & Address: Michelle Stefanouski	
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5187 Blue Sprace (d.	\$ 100,0G \$ 500,00
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Occupation MASSET/OWASC Employer Soft	Click Here for Memo Itemization
Business Address _ 308600 Pyran Rd. Warken, NJ 48092	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/22/19	
Name & Address Athur Weiss	-10.
Forminton Hills, MI 48334	s 200,00 s 500,00
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Occupation AHONEY Employer Self	
Business Address 30455 Northwestern History Firmigontills M	748334
Type of Contribution: Direct Loan from a person Fund Raiser	
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Name & Address: Citizens for Michael Radtke	
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34 205 Borrett Dr. Sterlin Heights, MI 48312 5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
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Grand Total of All Schedules 1A (Complete on last page of Schedule)

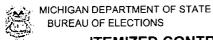
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CANDIDATE COMMITTEE 2. Committee Name Fr	iends of Corie Barnuel
Enter contributor's name and address. If contribution is: from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee 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 Name & Address: Patrick Deulin P.O. Bax 361125 Stross Pointe MI 48236 5. If over \$100.00 cumulative, please provide: Occupation Seletary Tessaler Employer Matro-Detrot Building Tracks Business Address 1690 Bater Detrot MI 48216 Type of Contribution: Direct Loan from a person Fund Raiser	S 250,00 s 450,00 Click Here for Memo Itemization
3. Contribution #2 Name & Address Michisan Building Trades and Construction Constr	incil PAC s 350,00 s 350,00 Click Here for Memo Itemization
3. Contribution #3 Name & Address: PAC Receipt? YES 4. Date of Receipt 722/9 Friends of Harold Harsh 19464 Carroll Harsh Coseuille MI 40066 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct: Loan from a person	\$ 100,00 \$ 100,00 Click Here for Memo Itemization
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Grand Total of All Schedules 1A (Complete on last page of Schedule)

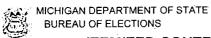


CANDIDATE COMMITTEE

1. Committee I.D. Number	139	323 9	
2. Committee Name	iends	of Lorie	Bassiel

		170 1710007)
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 7/20/19 Ted Metry		
657 Blairmore Ct. 6005 Pointe MI 48236 5. If over \$100.00 cumulative, please provide:	\$ 100,00	<u>\$ 1∞,00</u>
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 #2 PAC Receipt? YES 4. Date of Receipt 7/22/19		***
Name & Address Charles Mancini		
31710 Jefferson	\$ 500,00	\$500,00
Saint Clair Shores, MI 4809		
5. If over \$100.00 cumulative, please provide:		r Memo Itemization
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Business Address 28225 Mound Nd, WENE, MI 48092		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 7/22/19 Lean and Rancilia		
5036 Starcon V/2 00	\$ 100,00	\$ 400,00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Developer Employer Pancilio & Associates Business Address 15655 Mile (1), Nascuile, MI 48066 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7/23/19		
Name & Address Ketherine Laher		
34177 Pioneer	\$ 100,00	s 400,00
34177 Pioneer Frases MI 48026	· ·	
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Descrity Treasurer Employer City of Whiten		
Business Address One City Square Warren, MT 4809)	·	
Type of Contribution: Direct Loan from a person Tind Raiser		
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Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Page 19 of 29

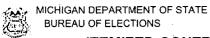


1. Committee I.D. Number 13983 9

CANDIDATE COMMITTEE 2. Committee Name	e tricus at roug Determent
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3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7/2/19 Name & Address: 6 YMC Menamin 274 28 Newcort or 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	s 100,00 s 100,06 Click Here for Memo Itemization
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Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 Name & Address: Sheet Metal Workers Cocal St en 17100 w.12, Milend, 2nd Floor 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #4 Name & Address Michisan Roofers Cocal 1999A 700 Tower Dr. Suite 300 5. If over \$100.00 cumulative, please provide:	
5. If over \$100.00 cumulative, please provide:	Click Hara for Mama Hamization
Occupation Employer	Click Here for Memo Itemization
Business Address	<u> </u>
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Page <u>QO</u>of <u>29</u>

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



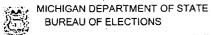
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3. Contribution # 1 Name & Address: 5. If over \$100.00 cumu Occupation	3)43	Hakim Hakim Mill St 480 Vide Remployer Self Loan from a person	11301	4.5	\$ 400,00 for Memo Itemization
3. Contribution #2 Name & Address 5. If over \$100.00 cumu	PAC Receipt? Henry 2715 Wa	YES 4. Date of F Newnan Gail MEN, MI 480 vide:	Receipt 7/22/19	\$ 50,0 Click Here f	or Memo Itemization
Occupation		Employer			
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3. Contribution # 3 Name & Address: 5. If over \$100.00 cumu Occupation	lative, please pro	wilson Or. Gratiot M	1/2011	\$ <u>CO</u> , OC	s 550,00 por Memo Itemization
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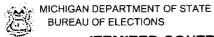


ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Num	nber _	13°	923	29		
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2. Committee Name.	1	-i em	Sol	101	rie D	acause

	C A	7 Completive for
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)
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5/18/ Carpline	1 :- =	1000
	\$ 100,00	5 100,00
5. If over \$100.00 cumulative, please provide:	, 	
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Business Address		
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3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/2 3/9		
Name & Address John Ave		
	ے گھد :	0000
21 Kercheval Aue	s 100.00	7 s 200,00
Gross Pointe Farms, MI 48236		
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
5. If over \$100.00 cumulative, please provide.	Olick Hele lo	WICHIO ROMIZATION
Occupation Attorney Employer Clark Hill, PC		
Business Address 500 Woodward Ste 350 Detroit, A	•	
Type of Contribution: Direct Loan from a person Fund Raiser		<i>:</i>
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THE MAN AND THE MENTERS CARE	. 200	10 s 600,00
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Warren, MI 48091	Click Horo for	r Memo Itemization
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Business Address		
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Diane Youngton 13250 Eduington	\$ 100,00	s ZW, W
5. If over \$100.00 cumulative, please provide:		. ***
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
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1 P 1	•	
Business Address 205 Sec Clay		
Business Address Sac C/Sy Type of Contribution: Direct Loan from a person Fund Raiser		
	50h 06	
Type of Contribution: Direct Loan from a person Fund Raiser	500,06	

Page 22 of 29



SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number	1372	39		
2. Committee Name FC	ends	of co	Te Ba	cousell

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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 7/11/19 Name & Address: Teri Denning S 25/96 Integendence Tri 5. If over \$100.00 cumulative, please provide:	s 100. ∞	s 100,00
5. If over \$100.00 cumulative, please provide:	Cliak Horo fo	or Memo Itemization
Occupation Employer	Click nere it	or Memo Remization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 Name & Address PAC Receipt? DXES 4. Date of Receipt 7/2019 Brick 1985 Cocal 1 Michigan PAC 21031 Ryan Rd.	, 900°	· \$ 200.00
	* 000,0	2 \$ <u>~~~</u>
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
OccupationEmployer		
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Type of Contribution: Direct Loan from a person Fund Raiser		North Control of the
3. Contribution #3 Name & Address: Art Miller 113901116	: 150,00	\$ 450,00
5. If over \$100.00 cumulative, please provide? AT 48093	Click Here for	Memo Itemization
Occupation Costs Employer CTH of Wallen		
Business Address One CITY Square (WEAM) 48093 Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 Name & Address I teather Zielinski, 26239 Westerd	: 25,00	\$25,00
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
OccupationEmployer		
Rusiness Address		:
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Grand Total of All Schedules 1A (Complete on last page of Schedule)



MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

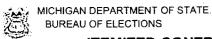
ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number 139239
2. Committee Name Friends of Con's Bacawell

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? GYES 4. Date of Receipt 10/10/19 Name & Address: Michisan Roofess Local 149 PAC		The second secon
5. If over \$100.00 cumulative, please provide: 7, MI 48098 Occupation Employer	\$ 100,00 Click Here fo	s_400,00
Business Address Type of Contribution: Direct Loan from a person V Fund Raiser		
3. Contribution #2 Name & Address Jeffrey Schroder 1592 E. Cincoln Birmingham, MI 48004 5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer Planket Cooney	Click Here fo	s 900,00
Business Address 38505 (Woodward #100 Bloomfield #115 Type of Contribution: Direct Loan from a person Fund Raiser	3/42 1050 1	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10/0/19 Name & Address: Melady Magee 25800 Timber line Charren, MT 48091 5. If over \$100.00 cumulative, please provide:	s 100,06	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/10/19 Name & Address Dennis Whittie 15/0 Can Jen Ferndale MI 48220 5. If over \$100.00 cumulative, please provide:	s) (D. co)	s 100,00
5. If over \$100.00 cumulative, please provide: Occupation Employer	Click Here for	r Memo Itemization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
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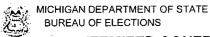
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CANDIDATE COMMUNITEE 2. Committee Name 11		
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3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/10/19 Name & Address: Patrick Green 3929 Marlene Or, 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	\$ 100,00	\$ 400,00 for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser	· ·	
3. Contribution #2 Name & Address Sheet Metal Workers Cocal 80 PAC 17100 W, 12 Mile 2nd Floor Southfield, MI 48076 5. If over \$100.00 cumulative, please provide: OccupationEmployer		s 800 oo for Memo Itemization
Business Address		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 10/10/19 Name & Address: UAW Michisch VPAC 8000 E. Deffection 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$ <u>S</u> , 600 ac	s <u>7,500</u> o 0 or Memo Itemization
3. Contribution # 4 Name & Address D'SAR PACING 13250 FRUIND 5. If over \$100.00 cumulative, please provide: Occupation FROSACIAL Employer The Attical Financial Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$ 100,00 Click Here f	3 <u>\$ 2000</u> or Memo Itemization
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Page <u>25</u> of <u>29</u>

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1. Committee I.D. Number 3 7 3 3	
2. Committee Name Friends of Corie Range	أعن

CANDIDATE COMMINITIES 2. Committee Name 1	IK MID OF C	MANY CANADE
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3. Contribution # 1 Name & Address: PAC Receipt? YES 4. Date of Receipt 10/10/19 Receipt Boccom; NO 27882 Los 0/65	s 100.00	s 1 <i>00,0</i> 0
5. If over \$100.00 cumulative, please provide: A M 40093	00-1-11	A.A Hannimatian
Occupation Employer	Click Here to	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 Name & Address PAC Receipt? YES 4. Date of Receipt 10/10/19 B. David Poletis	100	2000 avs
20 Willison Rd.	\$ 100,00	s 300,00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Director Employer Millwright's Cocal (O)		
Business Address 28 40/ Mound Rdr Warra, MT 4809/		
Type of Contribution: Direct Loan from a person Fund Raiser	grand and the state of the stat	
3. Contribution # 3 Name & Address: PAC Receipt? YES 4. Date of Receipt 10/10/19 Derlene French		0000
23891 Faderal Aue,	\$ 100,00	5_L(D)(O)_
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Cotived Employer		
Business Address		
3. Contribution #4 Name & Address PAC Receipt? YES 4. Date of Receipt pholiq Warren Firefishers Segresated Fund		a de alà
Warren Firefishters Segregated Fund 3272 12-Mille Suite 107 Warren, MI 48092	s 200,00	3 \$ 900,00
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		
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Grand Total of All Schedules 1A (Complete on last page of Schedule)

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Page 2c of 2s



MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

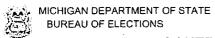
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number

CANDIDATE COMMITTEE 2. Committee Name	16W2 Q1 C	DUE INVOER
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3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 10/10/19 Paul Works 32025 Margaret	<u>s_300,ec</u>	\$ 806,00
5. If over \$100.00 cumulative, please provide:	Olista I Israel B	
Occupation State Sentor Employer State of Michigan	Click Here to	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person I Fund Raiser		
3. Contribution #2 Name & Address PAC Receipt? YES 4. Date of Receipt 10/10/19 Tames Harrier		~ AA
11028 Jewett Alle	\$ 200,00	<u>s 500, 10</u>
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Consattat Employer Sett	Onor Hore to	Williamo Remization
Business Address 11028 Jeweth Ale (Nemen NI 48089		·
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 Name & Address: Dous Reichle 300 Jetside Dr.	: 100.00	40000
	100100	\$ 700,00
Mt. Ckmcn S, MI 47043 5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Accountant Employer City of Warren		
Business Address One City Square W-Cren, MI 48093 Type of Contribution: Direct Loan from a person Fund Raiser	North the late and	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/10/19		•
Ketherine Caher 39177 Pioneer		
39177 Pionee C	\$ 100,00	s 500,00
5. If over \$100.00 cumulative, please provide:	Click Here for	· Memo Itemization
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Business Address One City Square Out Con MI 98093 Type of Contribution: Direct Loan from a person Fund Raiser)) :	
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Grand Total of All Schedules 1A

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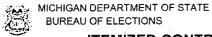
CANDIDATE COMMITTEE

1. Committee I.D. Number	1500	<u> </u>		
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Name & Address.	Ceomic	1 Rancilia,			
	5036	Rancilio, Starcreek	Care	1000	50000
5. If over \$100.00 cumu	ak	shinston Tup	, MI 48094		
Occupation Deve	elgre (_ Employer Range	ilia & Associates	Click Here fo	or Memo Itemization
			POSEU. 1/2 MI 4806	56	
Type of Contribution:	Direct	Loan from a person	Fund Raiser	·	
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	_	4 Roundtree		<u>\$ 100,00</u>	<u>\$ 100,00</u>
5. If over \$100.00 cumu	ROC lative, please pro	hester Hills,	MI 48307	Click Here fo	r Memo Itemization
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Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date of	of Receipt 10/10/19		:
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Contribution # 4 Name & Address	PAC Receipt?		of Receipt 10/10/19	 -	
:	M	indy Moore			
		11530 Sho	4	\$ 100,00	\$ 5000
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Business Address	11520	Short Dr. 1	wheren Mt 48093		
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Page 28 of 29

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ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number 157257

OANDIDATE GOMMITTEE	
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3. Contribution #1 Name & Address: And PAC Receipt? YES 4. Date of Receipt 10/10/19 And Address: 30246 Rosen busch	<u>\$ 100,00</u> \$) 00,00
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	Click Here for Metho Remization
Business Address	
Type of Contribution: Direct Loan from a person V Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/10/19 Name & Address Dan Bell 400 Wilson Drive	- I M
4060 W, ISON UNIVE Fort Gratiot, MI 48059 5. If over \$100.00 cumulative, please provide:	SOU.OO \$ 1,600,000
Occupation Cetired Employer.	
f	
Type of Contribution: Direct Loan from a person Direct Fund Raiser	_
	and the selection are given as the selection of the selec
3. Contribution #3 Name & Address: Michian Regional Council of Corpenters PA 400 Remissance Center #100 Detroit MI 48243	\$ 15000 \$ 5,000 Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide:	·
OccupationEmployer	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/18/19 Name & Address Anita Cogan 1710 Swannah	
1710 Swannh Zosilanti, MT 48198 5. If over \$100.00 cumulative, please provide:	S 100,00 S 100,00
Occupation Employer	 .
Business Address	
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)

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Page $\frac{29}{9}$ of $\frac{29}{9}$



Expenditure #1

Fund Raiser

Expenditure #2

Fund Raiser

Fund Raiser

Fund Raise

Fund Raiser

Expenditure #5

Name

Address

MOP

Address 60% Townsend St

Folgod Press

Expenditure #4

Expenditure #3

Name PNC Bank

ITEMIZED EXPENDITURES **SCHEDULE 1B** CANDIDATE COMMITTEE

3. Name and address of person or vendor to whom paid

Name EastwiNTE Manor

Address 29611 6 catiot Ave

Address 31200 Mound Rd.

City of WKMEN

Address One CHY Square

Ensperinte MI 48021

Warren, MI 48092

Warren, MI 48092

Cansing, MIARY33

2001 W, Lafaxette

Detroit MI 4826

1. Committee I. D. Number 39239 2. Committee Name Friends of Corle Barne 4. Purpose (Required Information) 6 Amount Purpose: this for fandaise Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement bit Card Robren Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement

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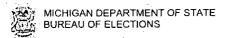
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ITEMIZED EXPENDITURES SCHEDULE 1B. **CANDIDATE COMMITTEE**

1. Committee I. D. Number 139239 2. Committee Name Friends of Cone Barnus

Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1	
Name American Graphics	6/18/19 : 5936
Address 34896 Groesbeck Hux	Purpose: Ticket orining Date
Clinton Tup., MI 48035	Click Here for Memo Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous
✓ Fund Raiser	statement
Expenditure #2	· · · · · · · · · · · · · · · · · · ·
Name Home Deport	Sist ties 5/8/19 5 78,19
Address 660 Wil2 Mile Rd,	Purpose:
Madison Heights, MI 48071	Click Here for Memo Itemization Type
Fund Raiser	debt or obligation reported on previous statement
Expenditure #3	
Expenditure #3 Meijor	
Address 29505 Mound Rd	Purpose: Date \$ 75, 13
Warren, AT 4809)	Click Here for Memo Itemization Type
Fund Raiser	LICheck box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4	· · · · · · · · · · · · · · · · · · ·
Name American Graphics	6/27/19 \$169,17
Address 34895 Groesbeck Hull	Purpose: Printing Date:
Clinton Two MI 48035	Click Here for Memo Itemization Type
	Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
Expenditure #5	
Name USPS	6/27/19 11000
Address 28 401 Mound Nd, Warren, MI 48090	Purpose: atams Date
Warren, MI 48090	Click Here for Memo Itemization Type Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
	Subtotal this page 486.85
	Grand Total of all Schedules 1B (Complete on last page of Schedule)



Expenditure #1

, Fund Raiser

Name ()SPS

Expenditure #2

Fund Raiser

Fund Raiser

_Fund Raiser

Fund Raiser

Expenditure #5

Name

Name

Address

ITEMIZED EXPENDITURES **SCHEDULE 1B** CANDIDATE COMMITTEE

3. Name and address of person or vendor to whom paid

5\$112 Mile Rd,

Warren, MI 4809)

Warren, 1st 48090

Esstadinto Manor

Eastpointe, MI 48021

Detroit, AI 482K

American Graphics

Address 2461/ GFATIOT Ave,

Name Sawikiand Son

COPYCOCY

Address 2840/ Mound Rd,

1. Committee I. D. Number 139239 2. Committee Name Friends of 4. Purpose (Required Information Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement 766/19 \$16,50 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Purpose: Fundmiser thi Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement Address 1521 W, Cofagette Blod, Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement 34885 Groesbeckthy Click Here for Memo Itemization Type Clinton Tups AT 48035 Check box if this expenditure is payment of debt or obligation reported on previous

Subtotal this page

Grand Total of all Schedules 1B (Complete on last page of Schedule)

statement

Enter this total on line 8a of Summary Page

Page 3 of 4



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

CANDIDATE COMMITTEE 2. Co	ommittee Name Friends of C	orie l'	Sacrusell
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name East pointe Manor Address 29611 Gratiot Ave East pointe, MI 48021 Fund Raiser	Purpose: Funtaise (Hal)	Date Date Jere for Memo Ite	\$ <u>700,0</u> 0
Expenditure #2 Name WCS Address 31300 Anita Warren, MI 48093	Purpose: Soashath Dinger Click H	Date Date	\$ <u>2,100</u>
Fund Raiser Expenditure #3	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name Office Max Address 32251 John (2 Rd. Madison thights, AI 4807)	Purpose: Stations ()	Date ore for Memo Ite	s <u>3K, 94</u>
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name Nishtow Printing Address (5138 Beech Daly Refford Charter Typ, #488)	Purpose: <u>frinting</u> S	Date	\$ <u>5,475.9</u> 6 emization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name Assers Address Print Masters 260 39 Dogwind # (Ld) Fund Raiser Medison Heights MI 48071	Purpose: Postage Manufacture School Click H Check box if this expenditure is payment of debt or obligation reported on previous statement	VIS/IG Date Here for Memo It	\$ 10,039,12 emization Type
	Subto Grand Total of all S (Complete on last page		18,652,02 Q2,725.1

Enter this total on line 8a of Summary Page

1. Committee I. D. Number

Page 4 of 4

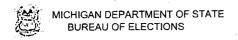


DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number	139	239				
•						1.
	_1_1_	£ /	Drie			10
2. Committee Name	LIEWS)	OIC	OOE	<u> </u>	1/1U	KI

CANDIDATE COMMITTEE 2.0	ommittee Name 1 1 15000	- 1) 3 CONT	<u> IDAII</u>	<u> </u>
This Schedule itemizes:	Light State			
a Debts and obligations owed <u>by</u> or forgiven the comm (Chec	mittee OR b. Debt ck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	forgiven by 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	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount	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)
provide information regarding the endorsers or guarantors, if any.	of debt			<u> </u>
Debt #1 Corp? Yes Owed to or by:	4. Type:	\$		
Lorie Burnwell	5. Date Debt Was Incurred:	<u> </u>	\ _\\	(- 4 %
30130 Graenburg	6. Original Amount of Debt:		\$	\$ -5,000
Wheren, MI 48092	\$6,000	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Amo	unt Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type;	\$		
Corie Barragell	5. Date Debt Was Incurred:	<u> </u>		- A A A S
30130 Gruenburg	6. Original Amount of Debt:	\$\$	\$	s //000
Wheren, MI 48092	\$ <u>.</u>	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Arr	ount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type:			
	5. Date Debt Was Incurred:	\$		
	6. Original Amount of Debt	\$	\$	\$ <u></u>
	<u>\$:</u>	<u> </u>		FORGIVEN
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$_	· · · · · · · · · · · · · · · · · · ·
		Page Subtotal	(Outstanding debt)	13,000
(C	omplete on last page of Schedule		of all Schedules 1E or to the committee)	
·				on line 12a "owed by"" or line 12b
A debt or obligation must be shown on this Scheduthis Campaign Statement or it was forgiven during	lle if there was an outstanding a the period covered by this Cam	mount owed on it at the cl paign Statement.	osing date of	"owed to" of the Summary Page

Page ____ of ____



FUND RAISER SC	HEDULE 1F	1. Committee	I.D. Number	<u> </u>	. 9	~
CANDIDATE CO	MMITTEE	2. Committee	Name Frie	~0/2 G	(orie	Burn
and the second s	- USE A SEPAR	ATE SHEET	FOR EACH	EVENT -		
Date Event Was Held 3/25/19	4. Number of Individuals or Participating (whichev greater)	ver is	rpe of Fund Raising	3 ,	6. Address and N place where the a RC C C C R R R R R R R R R R R R R R	ictivity was held in a safet in a
otal Contributions	#8,	340 0		e ta		
	do 8	340				
Gross Receipts (Add lines 7	and 8) (2)			••		4
Total Cost of Event tal Cost includes In-Kind Co	ntributions and All Ex			. t)		•
Total Cost of Event	ntributions and All Ex			,	Expenditure (%)	Split
Total Cost of Event all Cost includes In-Kind Co	ntributions and All Ex	mplete the follow		,		Split
Total Cost of Event al Cost includes In-Kind Co	ntributions and All Ex	mplete the follow		,		Split
Total Cost of Event al Cost includes In-Kind Co	ntributions and All Ex	mplete the follow		,		Split
Total Cost of Event al Cost includes In-Kind Co	ntributions and All Ex	mplete the follow		,		Split
Total Cost of Event tal Cost includes In-Kind Co	ntributions and All Ex	mplete the follow		,		Split

Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contribution 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.



FUND RAISER SCHEDULE 1F

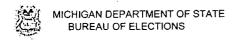
1. Committee I.D. Number 139339 **CANDIDATE COMMITTEE** 2. Committee Name Friends of Corie - USE A SEPARATE SHEET FOR EACH EVENT -6. Address and Name (If any) of the 4. Number of Individuals Attending 5. Type of Fund Raising Activity 3. Date Event Was Held or Participating (whichever is place where the activity was held. MRCC Benevet 1 greater) Fundraiser Pinner 7. Total Contributions 8. Other Receipts 9. Gross Receipts (Add lines 7 and 8) 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.

Page λ of λ



FUND RAISER SCHEDULE 1F

1. Committee I.D. Number 135 23 **CANDIDATE COMMITTEE** of Corie - 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 or Participating (whichever is place where the activity was held. greater) Fundraiser Dinner 19,025 7. Total Contributions 8. Other Receipts 9. Gross Receipts (Add lines 7 and 8) 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.

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