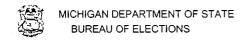


## MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

## CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE			
Report must be legible, typed or printed in ink and sig the treasurer (or designated record keeper) and candi	ned by idate.	3. This Statement covers From:	7-21-19 to 10-20-19
1. Committee I.D. Number		4. Candidate Last Name  ハン にしょうない。  4a. Office Sought Including Distr	First Name  M.I.  ict # or Community Served (If applicable)
2. Committee Name  (TE Julian D. McClare	nihan	4b. County of Residence	TALONG 300
5. Committee's Mailing Address  27185 Braher  Work Michigan 48088  Area Code and Phone If the address in this box is different from the committee mailing address on the Statement of Organization, mail be sent to this address by the filing official.	75	6. Treasurer's Name & Residen  Area Code & Phone	TILED DCT 25 PM 3: 30 CLEBENS. HICHICAN
7. Treasurer's Business Address		B. Designated Record Keeper's     Designated Record Keeper)	s Name and Address (If the committee has a
SAME			ME
Area Code and Phone	<del>-</del>	Area Code and Phone	9e. Dissolution of Candidate Committee
9a. Pre-Election OR 9b. Post-Election Pre-Election or Post-Election Statement relates to: Primary General Convention Special	is not on the current year  July Quar  October (	terly	By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets, owes no lates fees or has any oustanding debt.  Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.  Effective date of dissolution
School9	(Con indic	ndment to Campaign Statement nplete Item 9a, 9b, 9c or 9e to ate which Statement is being aded.)	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
Date of Election, Convention or Caucus			
10. Verification: I\We certify that all reasonable diligen my\our knowledge and belief the contents are true, ac	nce was used	d in the preparation of this statem	ent and attached schedules (if any) and to the best of
Current Treasurer or Designated Record keeper  Type or Print Name	nahan	Signature (	Date 10-10-19
Candidate July Mc Claral	w	James Ma	Ll lo-Jo-A
Type or Print Name		Signature	

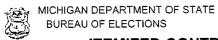


1. Committee I.D. Number

٠	S	UM	MΑ	λRY	PA	GE	
CA	NDI	DA.	TΕ	CON	ИΝ	ITTI	ΞE

CTE Jasa D. Mc Chulen

CANDIDATE COMMITTEE	· · · · · · · · · · · · · · · · · · ·	
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	3600	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ <i>3 6 0 0</i>	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES	5445,07	
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 5 945,07	(22.) \$
EXPENDITURES		
8. Expenditures	3600	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 3600	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.)\$ 4 295 0 7	
b. Owed to the Committee (Schedule 1E)	(12b.)\$	
	BALANCE STATEMENT	. <u> </u>
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 (Subtract line 16 from line 15)	(13.) \$ $\frac{1}{1000}$ (14.) + \$ $\frac{1}{1000}$ (15.) = \$ $\frac{1}{1000}$ (16.) - \$ $\frac{1}{1000}$ (17.) \$	•



# **ITEMIZED CONTRIBUTIONS**

138698

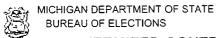
SCHEDULE 1A 1. Committee I.D. Number	<u> </u>	- (1 )
CANDIDATE COMMITTEE 2. Committee Name	TE Jusan	D. McClinch
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee 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 10 - 7 - 19  lame & Address:	·	
Stephen Panyoni 8106 Roselld Lane Charkston mi 48348	\$ 20,00	<u> 200.00</u>
Chark Stor, M. 48348  5. If over \$100.00 cumulative, please provide:  Decupation Owner Employer A EW	Click Here fo	r Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser		
A Date of Receipt 10-1)-19  Name & Address  Scot 1	S Click Here fo	\$
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10-8-11  Name & Address:  Vanes La Hages  Vanes La Mages  Vanes La Mages  Vanes La Mages  Strong La Mages  Type of Contribution: Direct Loan from a person Fund Raiser		\$
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10-8-19  Name & Address  Roy Roy Dood Syr Dr.  Shelly Tourship M. 483/b  5. If over \$100.00 cumulative, please provide:  Occupation In here Employer	s Click Here fo	ss r Memo Itemization
Business Address 51301 Scholen RJ, Shelby Tup, Mi 4831  Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtota	ni sztvi	i i

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

Enter this total on

line 3a of Summary

Page.



# ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

138698

1. Committee I.D. Number

Committee Name	CTE	Jason	D. McClouk	سر
••••••				

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 10~10-14  Name & Address:  Gordon W. Jon  49573 (onpos) Paint Pr.  Chester fill Mi 48047  5. If over \$100.00 cumulative, please provide:  Entired	SClick Here for Memo Itemization
Occupation Employer Employer  Business Address 51301 Schon herr M. Skilb, Twp, M. 43315  Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10-3-19  Name & Address  A Date of Receipt 10-3-19  Name & Address  A Date of Receipt 10-3-19  St. Clair Shares, Mi 4808)  5. If over \$100.00 cumulative, please provide:	\$ SOO DO \$ SOO DO SCIICK Here for Memo Itemization
5. If over \$100.00 cumulative, please provide:  Occupation	·
Name & Address:  Thomas May Control Ct.  Rochester H'115, Mi 4830  5. If over \$100.00 cumulative, please provide:  Occupation  Business Address  Type of Contribution: Direct  Loan from a person  Fund Raiser	\$\frac{100.00}{\\$\]\$ \sum_{\text{blue}} \frac{100.00}{\}\] Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10 - 4 - 19  Name & Address  Tomas 2000  Detroit 10 18309  5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Business Address  Type of Contribution:  Direct  Direct  Down A Warran A Hand Schedules 1A  Coccupation  Direct  Direc	
(Complete on last page of Schedule)	Enter this total on line 3a of Summary Page.



MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS** 

#### ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

1. Committee I.D. Number **CANDIDATE COMMITTEE** 2. Committee Name 7. Cumulative for Enter contributor's name and address. If contribution is from an individual, enter last name, first name, Amount middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Contributor (Through Committee (PAC) Report all contributions regardless of amount. date of receipt) PAC Receipt? 3. Contribution # 1 4. Date of Receipt Name & Address: Lhafer 48685 Hiller BAKSLED Shelby Towship m. 48317 5. If over \$100.09 cumulative, please provide: Click Here for Memo Itemization Occupation \_\_\_\_\_Employer 255 E. Brown St Type of Contribution: Direct Fund Raiser Loan from a person YES 4. Date of Receipt PAC Receipt? 3. Contribution #2 Name & Address Sundry Weiny 500.00 31708 Anjeline Ct. W 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation Env. her->1301 Schoenherr N Business Address Fund Raiser Type of Contribution: Direct Loan from a person 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation **Business Address** Type of Contribution: Direct Loan from a person Fund Raiser PAC Receipt? 3. Contribution # 4 4. Date of Receipt Name & Address 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation. **Business Address** Fund Raiser Type of Contribution: Loan from a person Page Subtotal 000 Grand Total of All Schedules 1A *३६७*० (Complete on last page of Schedule) Enter this total on line 3a of Summary Page.

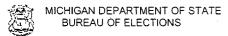


# ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

Committee I. D. Number	138698
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	

CANDIDATE COMM	IITTEE 2. Committee Name CE Ses	n D Mellandian
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes  Name & Address:  Macon b Runsy Vitel  John Marster C+  Warren, Mi 433  If over \$100.00 cumulative, please provide:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN	1150,00 \$ 1150,00
Occupation:  Employer Name & Business Address:	5. Date Of Receipt: 10/18/19 6. Vendor Name & Address:  Tapact Refix Profess, and &	ick Here for Memo Itemization
Fund Raiser Contribution  Contribution # 2 PAC Receipt? Yes  Name & Address  TOJA Mc (Jonahan  27185 Stader  Vollan, Michiga M838  If over \$100.00 cumulative, please provide:  Occupation: Design (On Californ #	Goods or Services Purchased by Candidate or Others- LOAN  Description	JJ6,87 s JJ6.87
Employer Name & Address:  Renewal By Andron  37710 Anchein Rd  Livania Mi Holoro  Fund Raiser Contribution	5. Date Of Receipt: 4-15-19 6. Vendor Name & Address:  1-one Depot 25079 Hoover N  Vuren, M. 48099	lick Here for Memo Itemization
Contribution #3 PAC Receipt? Yes Name & Address:  JOSON MC (Josuph J7185 Bround)  If over \$100.00 cumulative, please provide:  Occupation: Doxyn (Onsoltant)  Employer Name & Address:  Replya By Andress  27730 Andress  Fund Raiser Contribution	Goods Donated or Loaned Services Donated  Goods or Services Purchased by Candidate or Others  Goods or Services Purchased by Candidate or Others-LOAN  Description  5. Date Of Receipt: 9-34-15  6. Vendor Name & Address:	450.00 \$ 450.00 Sclick Here for Memo Itemization
	Page Subtot Grand Total of all Schedules 1 (Complete on last page of Schedu	18 .

Enter this total on line 6 of Summary Page

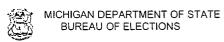


#### **ITEMIZED IN-KIND CONTRIBUTIONS** SCHEDIII E 1-IK

ITEMIZED IN-KIND CONTR	RIBUTIONS	608
SCHEDULE 1-IK	1. Committee I. D. Number	0/0
CANDIDATE COMM	ITTEE 2. Committee Name	son D. McClerkh
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services we purchased	7. Amount or Fair Market Value System of the formulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan	
Name & Address:  Solon McClinchen  27185 Boylor	Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others	\$ 151.05 \$ 151.05
If over \$100.00 cumulative, please provide:  Occupation:	Goods or Services Purchased by Candidate or Others- LOA  Description	N
Employer Name & Business Address:	5. Date Of Receipt:/0 - 5 - / 9	,
Appellal By Andrien 37730 Amohel Al	6. Vendor Name & Address:	Click Here for Memo Itemization
Fund Raiser Contribution 48 150	37160 Von Dyle Are Hermy Heights Mi 4231d	
Contribution # 2 PAC Receipt? Yes Name & Address	4. Endorsement or Guarantee of Bank Loan	
Joson McClonethy	Goods Donated or Loaned Services Donated  Goods or Services Purchased by Candidate or Others	\$ 400,00 \$ 1400,00
USCIEN Nº 48088  If over \$100.00 cumulative, please provide:  Occupation: DUSCIPN (ENSULTANT	Description Librative - Ma, le Constitution - Description - Ma, le Constitution - Description - Desc	AN
Employer Name & Address:  Reversel by Andres  37720 Amrhein R  Livonia, M. 481573	6. Vendor Name & Address:  In Pour Media Profession(5)  1717 Nilon Drine	Click Here for Memo Itemization
Fund Raiser Contribution	Novi, N 48375	
Contribution #3 PAC Receipt? Yes Name & Address:	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated	425.15 \$435.15
27185 Bridge World, M 48088	Goods or Services Purchased by Candidate or Others  Goods or Services Purchased by Candidate or Others- LOA	AN .
If over \$100.00 cumulative, please provide:  Occupation: 1054 (ons of the temployer Name & Address:	Description Control of Receipt: 10-7-14  6. Vendor Name & Address:	<del>_</del>
1 grown by Anderson 37720 Anchin Rd - Livonia Mi	28 you mound RI	Click Here for Memo Itemization
Fund Raiser Contribution 7: 4815	o Varen, nº 48090	
	- / · Page Sut	ototal 1976 20

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

Enter this total on line 6 of Summary Page



# ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK

### 1. Committee I. D. Number

120010	4	}.	86	98
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CANDIDATE COMM	ITTEE 2. Committee Name	eson D. McClo-alm
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)  5. Date of Receipt  6. Name & Address of Vendor from whom goods or services w purchased	7. Amount or Fair Market For Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes  Name & Address:  Faso- A Closelon	Endorsement or Guarantee of Bank Loan  Goods Donated or Loaned  Services Donated	, 65).00 , 65).00
27185 3radne n	Goods or Services Purchased by Candidate or Others	
If over \$100.00 cumulative, please provide:	Description New Spaper Au	AN
Occupation: Design Consultant Employer Name & Business Address:	5. Date Of Receipt: 10 - 9 - 19	_
Renaul by Anderson	6. Vendor Name & Address:	Click Here for Memo Itemization
STTDO AMININ BY Liveria My 48150  Fund Raiser Contribution	13650 11 mile RI Warsen mi 48087	
Contribution # 2 PAC Receipt? Yes Name & Address Style Ac Uses	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated	: 495.00 : 495.0
37185 Brodner	Goods or Services Purchased by Candidate or Others  Goods or Services Purchased by Candidate or Others-Lu	OAN
If over \$100.00 cumulative, please provide:  Occupation: Design ( in sight and	Description New Spaper AS  5. Date Of Receipt: 10 - 11 - 14	_
Employer Name & Address:  Renewal by Andersen  577) Amrhein El  Fund Raiser Contribution	6. Vendor Name & Address:  Cond & Publicking Inc.  13650 11 nile RI  Concern my U3087	Click Here for Memo Itemization
Contribution #3 PAC Receipt? Yes		495.00 495.00
30185 Brishor	Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others	\$\$
If over \$100.00 cumulative, please provide:	Goods or Services Purchased by Candidate or Others- LO	DAN
Occupation: Description &	Description / wypape All  5. Date Of Receipt:	<del></del>
Employer Name & Address:  Renewal by Ander San	6. Vendor Name & Address:  Con by Publishing Inc.	Click Here for Memo Itemization
Fund Raiser Contribution 48150	13 650 11 mile N	
	Page S	ubtotal [64].00
	Grand Total of all Schedu (Complete on last page of Sc	1 3 7(1/2 /) / 1

Enter this total on line 6 of Summary Page



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

138698

1. Committee I. D. Number

SCHEDULE 1B	1. Committee I. B. Number
CANDIDATE COMMITTEE	2. Committee Name CTE Jasan D. M. Clariba
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1  Name Impact Media Profession()  Address	Purpose: L'tentry Moile Date \$3500.00
Address 13715 Wilm Dive	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #2  Name Impact Media Professionals  Address 13715 Nilon Drive	Purpose: Literature - Mailer Date \$ 100
Novi, N. 48375	Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous
Fund Raiser  Expenditure #3	statement
Name	s.
Address	Purpose: Date
Fund Raiser	Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4 Name	——————————————————————————————————————
Address	Purpose: 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	\$
Address	Purpose:
Fund Raiser	Click Here for Memo Itemization Type  Check box if this expenditure is payment of debt or obligation reported on previous statement
	Subtotal this page 3600
	Grand Total of all Schedules 1B (Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



#### **DEBTS AND OBLIGATIONS SCHEDULE 1E**

CANDIDATE COMMITTEE

138698

1. Committee I.D. Nun	nber	3 0 0 7 0		
2. Committee Name	CTE	Juson	D. Mc Urahan	

This Schedule itemizes:						
Debts and obligations owed by or forgiven the come (Chec	mittee OR b. Debtsck either a or b. Use only for the pu	s and obligations owed <u>to</u> or irpose checked.)	forgiven <u>by</u> the cor	nmittee.		
3. 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 guarantors, if any.	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)		
Debt #1 Corp? Yes Owed to or by:  Julan D. Mc Chahn 27-11- 27185 Brodner Varien, M. U8088  If bank loan, name of endorser or guarantor:	4. Type: IN KING  5. Date Debt Was Incurred:  10-10-17  6. Original Amount of Debt:  \$ 4115.07	\$ \$ \$ \$ \$ \$ \$ \$ \$	\$ Ount Endorsed: \$	4) 15.07 \$ FORGIVEN		
Allount Endoised. \$						
Debt #2 Corp? Yes Owed to or by:	4. Type:  5. <u>Date Debt Was Incurred</u> :  6. <u>Original Amount of Debt</u> :  \$	\$	s	\$FORGIVEN		
If bank loan, name of endorser or guarantor:	Amount Endorsed: \$					
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$				
	6. Original Amount of Debt:	\$	\$	\$FORGIVEN		
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$			
				4		

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page