



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE  
COVER PAGE

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: <u>7-27-19</u> to <u>10-20-19</u>	
1. Committee I.D. Number <u>138648</u>	4. Candidate Last Name <u>McClanahan</u> First Name <u>Jason</u> M.I. <u>D</u>
2. Committee Name <u>CTE Jason D. McClanahan</u>	4a. Office Sought Including District # or Community Served (If applicable) <u>Warren City Council District 4</u>
5. Committee's Mailing Address <u>27185 Brainer</u> <u>Warren, Michigan 48088</u>  Area Code and Phone <u>586 443-6775</u> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>	4b. County of Residence <u>MACOMB</u> 6. Treasurer's Name & Residential Address <u>SAME</u>  Area Code & Phone _____
7. Treasurer's Business Address <u>SAME</u>  Area Code and Phone _____	8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) <u>SAME</u>  Area Code and Phone _____
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election  Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus  Date of Election, Convention or Caucus <u>11-5-19</u>	
Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly  9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year  9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
9e. Dissolution of Candidate Committee <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.  Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.  Effective date of dissolution _____  Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.  Current Treasurer or Designated Record keeper <u>Jason McClanahan</u> <u>Jason McClanahan</u> Date <u>10-20-19</u> Type or Print Name Signature  Candidate <u>Jason McClanahan</u> <u>Jason McClanahan</u> Date <u>10-20-19</u> Type or Print Name Signature	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

1. Committee I.D. Number

138 698

2. Committee Name

CTE Jason D. McCluhan

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	3600	(18.) \$
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	(19.) \$
c. Subtotal of "Contributions"	(3c.) \$	3600	(20.) \$
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$	0	
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	3600	
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
<b>6. In-Kind Contributions (Schedule 1-IK, Column 6)</b>	(6.) \$	5445.07	(21.) \$
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$	5445.07	(22.) \$
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	3600	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	0	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	0	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$	3600	(23.) \$
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	0	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	0	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	0	(24.) \$
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	4295.07	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	0	
<b>BALANCE STATEMENT</b>			
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$	0	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$	3600	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) = \$	3600	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$	3600	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	0	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

138698

2. Committee Name

CTE Jason D. McClanahan

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

10-7-19

Name & Address:

Stephen Banyari  
8106 Rosebud Lane  
Clarkston, MI 48348

\$ 200.00

\$ 200.00

5. If over \$100.00 cumulative, please provide:

Occupation

Owner

Employer

AEW

Business Address

51301 Schoenherr Rd, Shelby Twp, MI 48315

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

Click Here for Memo Itemization

3. Contribution #2

PAC Receipt?

☐ YES

4. Date of Receipt

10-11-19

Name & Address:

Scott Lockwood  
950 Southdown Rd  
Bloomfield Hills, MI 48304

\$ 200.00

\$ 200.00

5. If over \$100.00 cumulative, please provide:

Occupation

Engineer

Employer

AEW

Business Address

51301 Schoenherr Rd, Shelby Twp, MI 48315

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

Click Here for Memo Itemization

3. Contribution # 3

PAC Receipt?

☐ YES

4. Date of Receipt

10-8-19

Name & Address:

Vanessa Hayes  
47093 Brennan Dr.  
Macomb, MI 48044

\$ 200.00

\$ 200.00

5. If over \$100.00 cumulative, please provide:

Occupation

Engineer

Employer

AEW

Business Address

51301 Schoenherr Rd, Shelby Twp, MI 48315

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

Click Here for Memo Itemization

3. Contribution # 4

PAC Receipt?

☐ YES

4. Date of Receipt

10-8-19

Name & Address:

Roy Rose  
55620 Woodridge Dr.  
Shelby Township, MI 48316

\$ 200.00

\$ 200.00

5. If over \$100.00 cumulative, please provide:

Occupation

Engineer

Employer

AEW

Business Address

51301 Schoenherr Rd, Shelby Twp, MI 48315

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

Click Here for Memo Itemization

Page Subtotal

800

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

1. Committee I.D. Number

138698

2. Committee Name

CTE Jason A. McClure

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? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: Gordon Wilson 49572 Compass Point Dr. Chesterfield, MI 48017		10-10-19	
5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>AEW</u>		200.00	200.00
Business Address <u>51301 Schomberg Rd, Sterling Twp, MI 48315</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
Click Here for Memo Itemization			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: A-J Dappke 21846 Erben St St. Clair Shores, MI 48081		10-3-19	
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Landscape Services Inc.</u>		500.00	500.00
Business Address <u>22932 Rasch Dr, Clinton Township, MI 48035</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
Click Here for Memo Itemization			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: Thomas Meyer 207M Ardencrest Ct. Rochester Hills, MI 48309		10-4-19	
5. If over \$100.00 cumulative, please provide: Occupation <u>Salesman</u> Employer <u>Dependable Wholesale</u>		100.00	100.00
Business Address <u>12300 Stephens Rd, Warren, MI 48089</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
Click Here for Memo Itemization			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: Thomas Zuniga 8220 Ruthbone St. Detroit, MI 48209		10-4-19	
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Zuniga Construction</u>		1000.00	1000.00
Business Address <u>22500 Ryan Rd, Warren, MI 48091</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
Click Here for Memo Itemization			

Page Subtotal

1800

Grand Total of All Schedules 1A  
(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  
CANDIDATE COMMITTEE

1. Committee I.D. Number

2. Committee Name

138698

CTE Jean D. McClendon

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

10-3-19

Name & Address:

Leonard Schaffer  
48685 Hidden Oaks Lane  
Shelby Township, MI 48317

\$ 500.00

\$ 500.00

5. If over \$100.00 cumulative, please provide:

Occupation

Lawyer

Employer

Berry MacPherson PC

Click Here for Memo Itemization

Business Address

255 E. Brown St. #300 Birmingham, MI 48009

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:

Sandra Wolny  
31208 Angeline Ct. W  
St. Clair Shores, MI 48082

\$ 500.00

\$ 500.00

5. If over \$100.00 cumulative, please provide:

Occupation

Engineer

Employer

AEW

Click Here for Memo Itemization

Business Address

51301 Schoenherr Rd, Shelby Township MI 48315

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution #3

PAC Receipt?

☐ YES

4. Date of Receipt

Name & Address:

\$

\$

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☐ Fund Raiser

Click Here for Memo Itemization

3. Contribution #4

PAC Receipt?

☐ YES

4. Date of Receipt

Name & Address:

\$

\$

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

Page Subtotal

1000

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

3600

Enter this total on  
line 3a of Summary  
Page.



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

### CANDIDATE COMMITTEE

1. Committee I. D. Number 138698

2. Committee Name CTE Susan A McClunahan

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 <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
<p>Contribution #1 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address: <u>Macomb Business United</u> <u>33068 Margaret Ct</u> <u>Warren, MI 48093</u> If over \$100.00 cumulative, please provide: Occupation:</p> <p>Employer Name &amp; Business Address:</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description <u>Signs</u></p> <p>5. Date Of Receipt: <u>10/18/19</u></p> <p>6. Vendor Name &amp; Address: <u>Impact Media Professional</u> <u>23715 Milan Drive</u> <u>Novi, MI 48275</u></p> <p><a href="#">Click Here for Memo Itemization</a></p>	\$ <u>1150.00</u>	\$ <u>1150.00</u>
<p><input type="checkbox"/> Fund Raiser Contribution</p> <p>Contribution #2 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address: <u>Susan McClunahan</u> <u>27185 Bradner</u> <u>Warren, Michigan 48088</u> If over \$100.00 cumulative, please provide: Occupation: <u>Design Consultant</u></p> <p>Employer Name &amp; Address: <u>Renewal By Anderson</u> <u>37720 Archer Rd</u> <u>Livonia, MI 48150</u></p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description <u>Poles For Signs</u></p> <p>5. Date Of Receipt: <u>9-25-19</u></p> <p>6. Vendor Name &amp; Address: <u>Home Depot</u> <u>25874 Hoover Rd</u> <u>Warren, MI 48089</u></p> <p><a href="#">Click Here for Memo Itemization</a></p>	\$ <u>226.87</u>	\$ <u>226.87</u>
<p><input type="checkbox"/> Fund Raiser Contribution</p> <p>Contribution #3 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address: <u>Susan McClunahan</u> <u>27185 Bradner</u> <u>Warren, MI 48088</u> If over \$100.00 cumulative, please provide: Occupation: <u>Design Consultant</u></p> <p>Employer Name &amp; Address: <u>Renewal By Anderson</u> <u>37720 Archer Rd</u> <u>Livonia, MI 48150</u></p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description <u>Signs</u></p> <p>5. Date Of Receipt: <u>9-24-19</u></p> <p>6. Vendor Name &amp; Address: <u>Signs 365</u> <u>51245 Filomena Dr.</u> <u>Shelby Charter Twp, MI 48315</u></p> <p><a href="#">Click Here for Memo Itemization</a></p>	\$ <u>450.00</u>	\$ <u>450.00</u>

Page Subtotal

1826.87

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

### CANDIDATE COMMITTEE

1. Committee I. D. Number 138698  
2. Committee Name CTE Jason D. McClanahan

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
<p>Contribution #1 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address: Jason McClanahan 27185 Bradner Warren, Michigan 48088</p> <p>If over \$100.00 cumulative, please provide: Occupation: Design Consultant</p> <p>Employer Name &amp; Business Address: Renewal By Andersen 37700 Amherst Rd Livonia, MI 48150</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description: Literature</p> <p>5. Date Of Receipt: 10-5-19</p> <p>6. Vendor Name &amp; Address: FD EX OFFICE 37160 Van Dyke Ave Sterling Heights, MI 48316</p> <p>Click Here for Memo Itemization</p>	\$ 151.05	\$ 151.05
<p>Contribution #2 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address: Jason McClanahan 27185 Bradner Warren, MI 48088</p> <p>If over \$100.00 cumulative, please provide: Occupation: Design Consultant</p> <p>Employer Name &amp; Address: Renewal by Andersen 37700 Amherst Rd Livonia, MI 48150</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description: Literature - Mailer</p> <p>5. Date Of Receipt: 10-18-19</p> <p>6. Vendor Name &amp; Address: Input Media Professionals 22715 Milon Drive Novi, MI 48375</p> <p>Click Here for Memo Itemization</p>	\$ 1400.00	\$ 1400.00
<p>Contribution #3 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address: Jason McClanahan 27185 Bradner Warren, MI 48088</p> <p>If over \$100.00 cumulative, please provide: Occupation: Design Consultant</p> <p>Employer Name &amp; Address: Renewal by Andersen 37700 Amherst Rd Livonia, MI 48150</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description: Postage</p> <p>5. Date Of Receipt: 10-7-19</p> <p>6. Vendor Name &amp; Address: Postmaster 28401 Mound Rd Warren, MI 48090</p> <p>Click Here for Memo Itemization</p>	\$ 425.15	\$ 425.15

Page Subtotal

1976.00

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

1976.00

Enter this total  
on line 6 of Summary  
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number

2. Committee Name

13-8698  
CTE Jason D. McClanahan

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
<p>Contribution #1 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address: Jason McClanahan 27185 Bradner Warren, MI 48088</p> <p>If over \$100.00 cumulative, please provide: Occupation: Design Consultant Employer Name &amp; Business Address: Renewal by Andersen 37720 Amrhein Rd Livonia, MI 48150</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description: Newspaper Ad</p> <p>5. Date Of Receipt: 10-9-19</p> <p>6. Vendor Name &amp; Address: C and G Publishing Inc 13650 11 mile Rd Warren, MI 48088</p> <p>Click Here for Memo Itemization</p>	\$ 650.00	\$ 650.00
<p>Contribution #2 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address: Jason McClanahan 27185 Bradner Warren, MI 48088</p> <p>If over \$100.00 cumulative, please provide: Occupation: Design Consultant Employer Name &amp; Address: Renewal by Andersen 37720 Amrhein Rd Livonia, MI 48150</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description: Newspaper Ad</p> <p>5. Date Of Receipt: 10-11-19</p> <p>6. Vendor Name &amp; Address: C and G Publishing Inc 13650 11 mile Rd Warren, MI 48088</p> <p>Click Here for Memo Itemization</p>	\$ 495.00	\$ 495.00
<p>Contribution #3 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name &amp; Address: Jason McClanahan 27185 Bradner Warren, MI 48088</p> <p>If over \$100.00 cumulative, please provide: Occupation: Design Consultant Employer Name &amp; Address: Renewal by Andersen 37720 Amrhein Rd Livonia, MI 48150</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description: Newspaper Ad</p> <p>5. Date Of Receipt: 10-16-19</p> <p>6. Vendor Name &amp; Address: C and G Publishing Inc 13650 11 mile Rd Warren, MI 48088</p> <p>Click Here for Memo Itemization</p>	\$ 495.00	\$ 495.00

Page Subtotal

1640.00

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

5445.07

Enter this total  
on line 6 of Summary  
Page





**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number

138698

2. Committee Name

CTE Jason D. McClanahan

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Impact Media Professionals</u> Address <u>23715 Nilon Drive</u> <u>Novi, MI 48375</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Literature Mailer</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-8-19</u> Date	<u>\$2500.00</u>
Expenditure #2 Name <u>Impact Media Professionals</u> Address <u>23715 Nilon Drive</u> <u>Novi, MI 48375</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Literature Mailer</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-8-19</u> Date	<u>\$1100</u>
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page

3600

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

3600

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

138698  
1. Committee I.D. Number  
2. Committee Name CTE Jason D. McClunahan

This Schedule itemizes:

a ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

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? <input type="checkbox"/> Yes Owed to or by: Jason D. McClunahan 27185 Bradner Warren, MI 48088	4. Type: <u>IN KID</u> 5. <u>Date Debt Was Incurred:</u> <u>7-21-19 to 10-30-19</u> 6. <u>Original Amount of Debt:</u> <u>\$ 4295.07</u>	\$ \$ \$ \$ \$ \$	\$ <u>0</u>	<u>4295.07</u> <del>3000.00</del> \$ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 4295.07

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

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

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.