

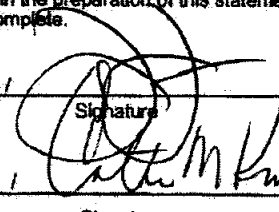
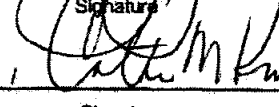


MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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.

1. Committee I.D. Number 139364		3. This Statement covers From: 01/01/19 to 07/20/19	
2. Committee Name Committee to Elect Cathy Kirk		4. Candidate Last Name Kirk First Name Catherine M.I. M 4a. Office Sought Including District # or Community Served (If applicable) Board Member - Local - Clinton Township, Trustee 4b. County of Residence MACOMB	
5. Committee's Mailing Address 19500 Hall Road, Suite 100 Clinton Township, MI 48038 Area Code and Phone _____ 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.		6. Treasurer's Name & Residential Address Robert W. Kirk 37539 Hidden Valley Court Clinton Township, MI 48036 Area Code & Phone _____	
7. Treasurer's Business Address 19500 Hall Road Suite 100 Clinton Township, MI 48038 Area Code and Phone (586) 412-4900		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus _____		Required ONLY if candidate is not on the ballot for the current year: <input checked="" type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
		9e. Dissolution of Candidate Committee <input checked="" type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution 07/20/19 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 Robert W. Kirk Type or Print Name		Signature  Date 7/20/19	
Candidate Catherine M. Kirk Type or Print Name		Signature  Date 7/20/2019	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139364

2. Committee Name Committee to Elect Cathy Kirk

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>165.62</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$165.62</u>	(18.) \$ <u>\$165.62</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$165.62</u>	(20.) \$ <u>\$165.62</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$285.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$285.00</u>	(23.) \$ <u>\$515.00</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$119.38</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$165.62</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$285.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$285.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$0.00</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139364

2. Committee Name Committee to Elect Cathy Kirk

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES

4. Date of Receipt 07/18/19

Name & Address:

Catherine Kirk
37539 Hidden Valley Court
Clinton Township, MI 48036

\$ 165.62

\$ 165.62

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

Occupation Owner Employer Executive Care

[Click Here for Memo Itemization](#)

Business Address 19500 Hall Road, Clinton Township, MI 48038

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address

\$

\$

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

Occupation Employer

[Click Here for Memo Itemization](#)

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address:

\$

\$

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

Occupation Employer

[Click Here for Memo Itemization](#)

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address

\$

\$

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

Occupation Employer

[Click Here for Memo Itemization](#)

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

\$165.62

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

\$165.62

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I, D. Number **139363**

2. Committee Name **Committee to Elect Cathy Kirk**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name First State Bank Address PO Box 305 Eastpointe, MI 48021 <input type="checkbox"/> Fund Raiser	Purpose: Bank Fee <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	01/30/19 Date	\$ 10.00
Expenditure #2 Name First State Bank Address PO Box 305 Eastpointe, MI 48021 <input type="checkbox"/> Fund Raiser	Purpose: Bank Fee <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	02/28/19 Date	\$ 10.00
Expenditure #3 Name First State Bank Address PO Box 305 Eastpointe, MI 48021 <input type="checkbox"/> Fund Raiser	Purpose: Bank Fee <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/31/19 Date	\$ 10.00
Expenditure #4 Name First State Bank Address PO Box 305 Eastpointe, MI 48021 <input type="checkbox"/> Fund Raiser	Purpose: Bank Fee <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/30/19 Date	\$ 10.00
Expenditure #5 Name First State Bank Address PO Box 305 Eastpointe, MI 48021 <input type="checkbox"/> Fund Raiser	Purpose: Bank Fee <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/31/19 Date	\$ 10.00
Subtotal this page			50.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139363
2. Committee Name Committee to Elect Cathy Kirk

3. Name and address of person or vendor to whom paid	4. Purpose (Required information)	5. Date	6. Amount
Expenditure #1 Name <u>First State Bank</u> Address <u>PO Box 305</u> <u>Eastpointe, MI 48021</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Bank Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/30/19</u> Date	<u>\$ 10.00</u>
Expenditure #2 Name <u>Macomb County Clerk</u> Address <u>120 N. Main Street</u> <u>Mt. Clemens, MI 48043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/19/19</u> Date	<u>\$ 225.00</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			\$235.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$285.00

Enter this total
on line 8a of
Summary Page