



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 138800 | | 3. This Statement covers: from 10/21/19 to 12/31/19 | |
| 2. Committee Name Michael Flynn for Treasurer | | 4. Candidate Last Name Flynn First Name Michael M.I. J 4a. Office Sought Including District # or Community Served (if applicable) Shelby Township Treasurer 4b. County of Residence MACOMB | |
| 5. Committee's Mailing Address PO Box 81522 Rochester, MI 48308 Area Code and Phone (248) 608-1506 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 Michael Flynn 54089 Rienas Lane Shelby Township, MI 48315 Area Code & Phone (248) 608-1506 | |
| 7. Treasurer's Business Address Area Code and Phone _____ | | 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 type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input checked="" type="checkbox"/> Annual Statement (2019) 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: 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 Michael Flynn Type or Print Name | | Signature _____ Date 01/03/20 | |
| Candidate Michael Flynn Type or Print Name | | Signature _____ Date 01/03/20 | |



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138800

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Michael Flynn For Treasurer

| RECEIPTS | | Column I This Period | Column II Cumulative this election cycle |
|---|------------|-------------------------|---|
| 3. Contributions | | | |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ | <u>15,825.00</u> | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ | <u>NOT APPLICABLE</u> | |
| c. Subtotal of "Contributions" | (3c.) \$ | <u>\$15,825.00</u> | (18.) \$ _____ |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ | _____ | (19.) \$ _____ |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ | <u>\$15,825.00</u> | (20.) \$ _____ |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ | <u>\$2,698.09</u> | (21.) \$ _____ |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ | _____ | (22.) \$ _____ |
| EXPENDITURES | | | |
| 8. Expenditures | | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ | <u>\$458.72</u> | |
| 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.) \$ | <u>\$458.72</u> | (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.) \$ | _____ | |
| b. Owed to the Committee (Schedule 1E) | (12b.) \$ | <u>\$20,964.45</u> | |
| BALANCE STATEMENT | | | |
| 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | (13.) \$ | <u>\$0.00</u> | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + \$ | <u>\$15,825.00</u> | |
| | (15.) = \$ | <u>\$15,825.00</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | | | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ | <u>\$458.72</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ | <u>\$15,366.28</u> | * |



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 138800

2. Committee Name Michael Flynn for Treasurer

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 10/23/19

Name & Address:

Clark-Hill PAC
500 Woodward Ave, STE 3500
Detroit, MI

\$ 200

\$ 200

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 #2 PAC Receipt? ☐ YES

4. Date of Receipt 10/23/19

Name & Address:

Beth M. Case
264 Ridgemont Rd
Grosse Pointe, MI 48236

\$ 500

\$ 500

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

Occupation IT Consultant Employer BPI

Business Address _____

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 10/23/19

Name & Address:

John Axe
481 Kercheval Ave
Grosse Point Farms, MI 48236

\$ 300

\$ 300

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

Occupation Attorney Employer Clark-Hill

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 10/23/19

Name & Address:

Dave Piccinini
6101 Windemere Ln
Shelby Township, MI 48316

\$ 100

\$ 100

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](#)

Page Subtotal \$1,100.00

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

\$15,825.00

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 138800
2. Committee Name Michael Flynn for Treasurer

| 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? <input type="checkbox"/> YES 4. Date of Receipt <u>10/23/19</u> Name & Address: <u>John H. Bologna</u> <u>19135 Saxon Dr.</u> <u>Beverly Hills, MI 48025</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Real Estate</u> Employer <u>Self</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | \$ <u>500</u> | \$ <u>500</u> Click Here for Memo Itemization |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/23/19</u> Name & Address: <u>Kimberly Balcastro</u> <u>11427 Heatherwood Ct.</u> <u>Shelby Township, MI 48315</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Restaurateur</u> Employer <u>Dafranchesco's</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | \$ <u>200</u> | \$ <u>200</u> Click Here for Memo Itemization |
| 3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/29/19</u> Name & Address: <u>John Flynn</u> <u>4621 SW 23rd Ave</u> <u>Cape Coral, FL 33914</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | \$ <u>1000</u> | \$ <u>1000</u> Click Here for Memo Itemization |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/29/19</u> Name & Address: <u>Cathy Flynn</u> <u>4621 SW 23rd Ave</u> <u>Cape Coral, FL 33914</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | \$ <u>1000</u> | \$ <u>1000</u> Click Here for Memo Itemization |

Page Subtotal \$2,700.00

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

\$15,825.00

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 138800

2. Committee Name Michael Flynn for Treasurer

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 10/29/19

Name & Address:

John Dishow
54226 Triverton Lane
Shelby Township, MI 48315

\$ 200

\$ 200

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

Occupation Realtor Employer Self

[Click Here for Memo Itemization](#)

Business Address

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

3. Contribution #2 PAC Receipt? ☒ YES 4. Date of Receipt 10/31/19

Name & Address

Flagstar PAC
5151 Corporate Drive
Troy, MI 48098

\$ 200

\$ 200

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 10/31/19

Name & Address:

Gordon Wilson
49572 Compass Point Dr.
Chesterfield, MI 48047

\$ 100

\$ 100

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 10/31/19

Name & Address

Jason Arlow
5709 Arnorld Rd.
Cottreville, MI 48039

\$ 100

\$ 100

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 \$600.00

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

\$15,825.00

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 138800

2. Committee Name Michael Flynn for Treasurer

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 10/31/19

Name & Address:

Scott Lockwood
950 Southdown Rd.
Bloomfield Hills, MI 48304

\$ 100

\$ 100

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 #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/31/19

Name & Address:

Stephen Pangori
6106 Rosebud Ln.
Clarkston, MI 48348

\$ 100

\$ 100

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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/31/19

Name & Address:

Vanessa Hayes
49072 Brennen Dr.
Macomb, MI 48044

\$ 100

\$ 100

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 10/31/19

Name & Address:

Louis Ciotti
1315 Main Street
Royal Oak, MI 48067

\$ 100

\$ 100

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](#)

Page Subtotal **\$400.00**

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

\$15,825.00

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 138800

2. Committee Name Michael Flynn for Treasurer

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>11/08/19</u> | |
| Name & Address: Mark Thurber 2496 Canoe Circle Lake Orion, MI 48360 | | \$ <u>100</u> | \$ <u>100</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>11/08/19</u> | |
| Name & Address: Carol Thurber 2496 Canoe Circle Lake Orion, MI 48360 | | \$ <u>100</u> | \$ <u>100</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>11/08/19</u> | |
| Name & Address: Stephen Saph PO Box 46907 Mt. Clemens, MI 48046 | | \$ <u>200</u> | \$ <u>200</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Insurance Agent</u> Employer <u>Nickel & Saph</u> Business Address _____ Type of Contribution: <input 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 <u>11/13/19</u> | |
| Name & Address: Phillip Ruggeri 55764 Saint Regis Dr. Shelby Township, MI 48315 | | \$ <u>1000</u> | \$ <u>1000</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal \$1,400.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) \$15,825.00

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 138800
2. Committee Name Michael Flynn for Treasurer

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>11/13/19</u> | |
| Name & Address: Anthony Lombardo 21881 Homestead Dr. Macomb, MI 48044 | | \$ <u>1000</u> | \$ <u>1000</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Home Builder</u> Employer <u>Lombardo Homes</u> | | Click Here for Memo Itemization | |
| Business Address _____ | | | |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>11/14/19</u> | |
| Name & Address: Debbie Duda 54155 Rienas Ln. Shelby Township, MI 48315 | | \$ <u>100</u> | \$ <u>100</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ | | Click Here for Memo Itemization | |
| Business Address _____ | | | |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>11/14/19</u> | |
| Name & Address: Jerry Moffitt 5802 Vincent Trail Shelby Township, MI 48317 | | \$ <u>200</u> | \$ <u>200</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Marketing</u> Employer <u>Alidade</u> | | Click Here for Memo Itemization | |
| Business Address _____ | | | |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>11/14/19</u> | |
| Name & Address: Ben Aloia 48 S Main Mt. Clemens, MI 48043 | | \$ <u>200</u> | \$ <u>200</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> | | Click Here for Memo Itemization | |
| Business Address _____ | | | |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |

Page Subtotal \$1,500.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) \$15,825.00

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 138800

2. Committee Name Michael Flynn for Treasurer

| 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 checked="" type="checkbox"/> YES | 4. Date of Receipt <u>11/14/19</u> | |
| Name & Address: Stan Grot for Michigan Republicans 11927 Hiawatha Shelby Township, MI 48315 | | \$ <u>200</u> | \$ <u>200</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>11/14/19</u> | |
| Name & Address: Roco Juncevic 52756 Blue Ridge Shelby Township, MI 48316 | | \$ <u>100</u> | \$ <u>100</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>11/14/19</u> | |
| Name & Address: Dilja Juncevcic 52756 Blue Ridge Shelby Township, MI 48316 | | \$ <u>100</u> | \$ <u>100</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>11/14/19</u> | |
| Name & Address: Steve Mancini 37532 Hidden Valley Ct Clinton Township, MI 48036 | | \$ <u>200</u> | \$ <u>200</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Real Estate Developer</u> Employer <u>Self</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal \$600.00

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

\$15,825.00

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 138800
2. Committee Name Michael Flynn for Treasurer

| 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) |
|--|--|---------------|---|
| <p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u></p> <p>Name & Address: Conde Gonzalez 53220 Oak Grove Shelby Township, MI 48315</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p> | | \$ <u>100</u> | \$ <u>100</u> |
| <p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u></p> <p>Name & Address: Miwa Gonzalez 53220 Oak Grove Shelby Township, MI 48315</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p> | | \$ <u>100</u> | \$ <u>100</u> |
| <p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u></p> <p>Name & Address: Paula Filar 5500 24 Mile Shelby Township, MI 48316</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Real Estate Agent</u> Employer <u>Century 21</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p> | | \$ <u>200</u> | \$ <u>200</u> |
| <p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u></p> <p>Name & Address: Lucia Di Cicco 6180 Century Ct. Shelby Township, MI 48316</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p> | | \$ <u>200</u> | \$ <u>200</u> |

Page Subtotal \$600.00

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

\$15,825.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138800

2. Committee Name Michael Flynn for Treasurer

| 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 <u>11/14/19</u> Name & Address: <u>Eugene Lovell</u> <u>24300 Little Mack</u> <u>St. Clair Shores, MI 48080</u> 6. Amount <u>\$ 200</u> 7. Cumulative <u>\$ 200</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Banker</u> Employer <u>First State</u> Click Here for Memo Itemization Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u> Name & Address: <u>Ryan Fantuzzi</u> <u>360 Minot</u> <u>Romeo, MI 48065</u> 6. Amount <u>\$ 100</u> 7. Cumulative <u>\$ 100</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u> Name & Address: <u>Stavros Toma</u> <u>47677 Milonas Dr</u> <u>Shelby Township, MI 48315</u> 6. Amount <u>\$ 500</u> 7. Cumulative <u>\$ 500</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Property Manangement</u> Employer <u>Self</u> Click Here for Memo Itemization Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u> Name & Address: <u>Gene Dagostini</u> <u>38700 Van Dyke</u> <u>Sterling Heights, MI 48312</u> 6. Amount <u>\$ 500</u> 7. Cumulative <u>\$ 500</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Commercial Realestate</u> Employer <u>self</u> Click Here for Memo Itemization Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |

Page Subtotal **\$1,300.00**

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

\$15,825.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 138800

2. Committee Name Michael Flynn for Treasurer

| 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 <u>11/14/19</u> Name & Address: <u>Jeff Rasaweher</u> <u>221 Baldwin</u> <u>Birmingham, MI 48009</u> | | \$ <u>600</u> | \$ <u>600</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Farmer</u> Employer <u>self</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u> Name & Address: <u>Kathy Kirk</u> <u>19500 Hall Road</u> <u>Clinton Township, MI 48038</u> | | \$ <u>500</u> | \$ <u>500</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Home Health Care</u> Employer <u>Executive Care</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u> Name & Address: <u>Greg Iacobelli</u> <u>53639 Christy Dr.</u> <u>Chesterfield, MI 48051</u> | | \$ <u>500</u> | \$ <u>500</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Home Builder</u> Employer <u>Self</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u> Name & Address: <u>Rob Huth</u> <u>19500 Hall Road</u> <u>Clinton Township, MI 48080</u> | | \$ <u>500</u> | \$ <u>500</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Kirk & Huth</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal \$2,100.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) \$15,825.00

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 138800
2. Committee Name Michael Flynn for Treasurer

| 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) |
|---|--|---|---|
| <p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u></p> <p>Name & Address: Fadi Hanna 11693 Squiers Blvd Utica, MI 48315</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>Ford</u></p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p> | | \$ <u>150</u> | \$ <u>150</u> |
| | | Click Here for Memo Itemization | |
| <p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u></p> <p>Name & Address: Carol Koehn 45926 Meadow Ln Macomb, MI 48044</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p> | | \$ <u>75</u> | \$ <u>75</u> |
| | | Click Here for Memo Itemization | |
| <p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u></p> <p>Name & Address: Greg Gagnon 52690 Blue Ridge Shelby Township, MI 48316</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p> | | \$ <u>100</u> | \$ <u>100</u> |
| | | Click Here for Memo Itemization | |
| <p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u></p> <p>Name & Address: Mike Torres 5865 Jackelyn Ct. Washington, MI 48094</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>Commercial Real estate</u> Employer <u>Self</u></p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p> | | \$ <u>300</u> | \$ <u>300</u> |
| | | Click Here for Memo Itemization | |

Page Subtotal \$625.00

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

\$15,825.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 138800
2. Committee Name Michael Flynn for Treasurer

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>11/14/19</u> | |
| Name & Address: Tony Ferlito 51410 Milano Dr. Macomb, MI 48042 | | \$ <u>100</u> | \$ <u>100</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>11/14/19</u> | |
| Name & Address: Laurie Walborn PO Box 183397 Utica, MI 48318 | | \$ <u>100</u> | \$ <u>100</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>11/14/19</u> | |
| Name & Address: Aloysius Koszewski 27665 Daniel Ct Harrison Township, MI 48045 | | \$ <u>100</u> | \$ <u>100</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution # 4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>11/14/19</u> | |
| Name & Address: Raquel Moore 53066 Sophia Shelby Township, MI 48316 | | \$ <u>100</u> | \$ <u>100</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal \$400.00

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

\$15,825.00

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 138800
2. Committee Name Michael Flynn for Treasurer

| 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) |
|---|--|---|---|
| <p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u> Name & Address: Larry Rocca 38299 Moravian Clinton Township, MI 48036</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p> | | \$ <u>100</u> | \$ <u>100</u> |
| | | Click Here for Memo Itemization | |
| <p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u> Name & Address: Robert Rotundo 4149 Berkshire Sterling Heights, MI 48314</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p> | | \$ <u>100</u> | \$ <u>100</u> |
| | | Click Here for Memo Itemization | |
| <p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u> Name & Address: John Cole 11562 Scarboro Shelby Township, MI 48315</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p> | | \$ <u>100</u> | \$ <u>100</u> |
| | | Click Here for Memo Itemization | |
| <p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/14/19</u> Name & Address: Tom Holtz 13490 Diegel Shelby Township, MI 48315</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p> | | \$ <u>100</u> | \$ <u>100</u> |
| | | Click Here for Memo Itemization | |

Page Subtotal \$400.00

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

\$15,825.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 138800
2. Committee Name Michael Flynn for Treasurer

| 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 <u>11/18/19</u> | |
| Name & Address: Gary Gula 43120 Utica Rd Sterling Heights, MI 48314 | | \$ <u>200</u> | \$ <u>200</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Realtor</u> Employer <u>Gula Group</u> | | Click Here for Memo Itemization | |
| Business Address _____ | | | |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution #2 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>11/21/19</u> | |
| Name & Address: Louis Stramaglia 3202 Auburn Rd. Shelby Township, MI 48317 | | \$ <u>200</u> | \$ <u>200</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Commercial Real Estate</u> Employer <u>Self</u> | | Click Here for Memo Itemization | |
| Business Address _____ | | | |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 3 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>12/06/19</u> | |
| Name & Address: Frank Lalama 101 S. Main St. STE 200 Rochester, MI 48307 | | \$ <u>200</u> | \$ <u>200</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Real Estate</u> Employer <u>Vanguard Realty</u> | | Click Here for Memo Itemization | |
| Business Address _____ | | | |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |
| 3. Contribution # 4 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>12/10/19</u> | |
| Name & Address: Yousif Seman 41374 Marksway Ct. Sterling Heights, MI 48314 | | \$ <u>500</u> | \$ <u>500</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>Real Estate</u> Employer <u>Self</u> | | Click Here for Memo Itemization | |
| Business Address _____ | | | |
| Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | | |

Page Subtotal \$1,100.00

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

\$15,825.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 138800
2. Committee Name Michael Flynn for Treasurer

| 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 <u>12/18/19</u> Name & Address: <u>Anthony Apone</u> <u>52849 Seven Oaks</u> <u>Shelby Township, MI 48316</u> | | \$ <u>1000</u> | \$ <u>1000</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation <u>xmas lights</u> Employer <u>bella luce</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____ | | \$ _____ | \$ _____ |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input 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 _____ | | \$ _____ | \$ _____ |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input 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 _____ | | \$ _____ | \$ _____ |
| 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | Click Here for Memo Itemization | |

Page Subtotal **\$1,000.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **\$15,825.00**

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 138800

2. Committee Name Michael Flynn for Treasurer

| 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) |
|--|--|--------------------------------------|--|
| Contribution # 1 PAC Receipt? <input checked="" type="checkbox"/> Yes Name & Address: Southeast Michigan Leadership PO Box 81522 Rochester, MI 48308-1522 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Printing</u> 5. Date Of Receipt: <u>11/14/19</u> 6. Vendor Name & Address: Youniquecards 42876 Wilsharon Sterling Heights, MI 48316 Click Here for Memo Itemization | \$ 72.06 | \$ 72.06 |
| <input checked="" type="checkbox"/> Fund Raiser Contribution | | | |
| Contribution # 2 PAC Receipt? <input checked="" type="checkbox"/> Yes Name & Address: Southeast Michigan Leadership PO Box 81522 Rochester, MI 48308-1522 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Event Hostess Uniforms</u> 5. Date Of Receipt: <u>11/14/19</u> 6. Vendor Name & Address: ebay.com Click Here for Memo Itemization | \$ 76.03 | \$ 148.09 |
| <input checked="" type="checkbox"/> Fund Raiser Contribution | | | |
| Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Southeast Michigan Leadership PO Box 81522 Rochester, MI 48308-1522 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Musicians</u> 5. Date Of Receipt: <u>11/14/19</u> 6. Vendor Name & Address: Phil Lesky 3082 Norcott Kego Harbor, MI 48320 Click Here for Memo Itemization | \$ 750 | \$ 898.09 |
| <input type="checkbox"/> Fund Raiser Contribution | | | |

Page Subtotal **\$898.09**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$2,698.09**

Enter this total
on line 6 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 138800

2. Committee Name Michael Flynn for Treasurer

| 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) |
|--|--|--------------------------------------|--|
| Contribution # 1 PAC Receipt? <input checked="" type="checkbox"/> Yes Name & Address: Southeast Michigan Leadership PO Box 81522 Rochester, MI 48308-1522 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Event Hostess</u> 5. Date Of Receipt: <u>11/14/19</u> 6. Vendor Name & Address: Kristen Laski 50396 Madison Dr. Macomb, MI 48044 Click Here for Memo Itemization | \$ <u>150</u> | \$ <u>1048.09</u> |
| <input checked="" type="checkbox"/> Fund Raiser Contribution | | | |
| Contribution # 2 PAC Receipt? <input checked="" type="checkbox"/> Yes Name & Address: Southeast Michigan Leadership PO Box 81522 Rochester, MI 48308-1522 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Event Hostess</u> 5. Date Of Receipt: <u>11/14/19</u> 6. Vendor Name & Address: LindseyCicala 1692 Crestline Rochester Hills, MI 48307 Click Here for Memo Itemization | \$ <u>150</u> | \$ <u>1198.09</u> |
| <input checked="" type="checkbox"/> Fund Raiser Contribution | | | |
| Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Anthony Penna Jr. 38400 Van Dyke Ave Sterling Heights, MI 48312 If over \$100.00 cumulative, please provide: Occupation: <u>Banquet Hall Owner</u> Employer Name & Address: Penna's of Sterling 38400 Van Dyke Ave Sterling Heights, MI 48312 | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Food & Beverage</u> 5. Date Of Receipt: <u>11/14/19</u> 6. Vendor Name & Address: Penna's of Sterling 38400 Van Dyke Ave Sterling Heights, MI 48312 Click Here for Memo Itemization | \$ <u>750</u> | \$ <u>750</u> |
| <input type="checkbox"/> Fund Raiser Contribution | | | |

Page Subtotal **\$1,050.00**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$2,698.09**

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 138800

2. Committee Name Michael Flynn for Treasurer

| 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) |
|---|--|--------------------------------|---|
| Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Anthony Penna Sr. 38400 Van Dyke Ave Sterling Heights, MI 48312 If over \$100.00 cumulative, please provide: Occupation: <u>Banquet Hall Owner</u> Employer Name & Business Address: Penna's of Sterling 38400 Van Dyke Ave Sterling Heights, MI 48312 <input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Food & Beverage</u> 5. Date Of Receipt: <u>11/14/19</u> 6. Vendor Name & Address: Penna's of Sterling 38400 Van Dyke Ave Sterling Heights, MI 48312 Click Here for Memo Itemization | \$ <u>750</u> | \$ <u>750</u> |
| Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: Click Here for Memo Itemization | \$ _____ | \$ _____ |
| Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: Click Here for Memo Itemization | \$ _____ | \$ _____ |

Page Subtotal **\$750.00**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$2,698.09**

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 138800
2. Committee Name Michael Flynn For Treasurer

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|--|---|-------------------------|-----------------|
| Expenditure #1 Name <u>PayPal</u> Address <u>2211 N. 1 st St.</u> <u>San Jose, CA 95131</u> <input checked="" type="checkbox"/> Fund Raiser | Purpose: <u>Credit Card Processing</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>11/16/19</u> Date | <u>\$ 39.20</u> |
| Expenditure #2 Name <u>Walmart</u> Address <u>51450 Shelby Pkwy</u> <u>Shelby Township, MI 48315</u> <input checked="" type="checkbox"/> Fund Raiser | Purpose: <u>Event Pictures Printing</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>11/28/19</u> Date | <u>\$ 28.09</u> |
| Expenditure #3 Name <u>Elite Photography</u> Address <u>14129 Rick Dr</u> <u>Shelby Township, MI 48315</u> <input checked="" type="checkbox"/> Fund Raiser | Purpose: <u>Event Photography</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>11/28/19</u> Date | <u>\$ 200</u> |
| Expenditure #4 Name <u>YouNique Cards</u> Address <u>42816 Willsharon St.</u> <u>Sterling Heights, MI 48314</u> <input checked="" type="checkbox"/> Fund Raiser | Purpose: <u>Printing</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>11/29/19</u> Date | <u>\$ 97.31</u> |
| Expenditure #5 Name <u>Walmart</u> Address <u>51450 Shelby Pkwy</u> <u>Shelby Township, MI 48315</u> <input checked="" type="checkbox"/> Fund Raiser | Purpose: <u>Mailing Supplies</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>12/08/19</u> Date | <u>\$ 39.12</u> |
| Subtotal this page | | | \$403.72 |
| Grand Total of all Schedules 1B (Complete on last page of Schedule) | | | \$458.72 |

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 138800
2. Committee Name Michael Flynn For Treasurer

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|---|--|-------------------------|----------------|
| Expenditure #1 Name <u>USPS</u> Address <u>7755 22 Mile</u> <u>Shelby Township, MI 48317</u> <input checked="" type="checkbox"/> Fund Raiser | Purpose: <u>stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>12/10/19</u> Date | \$ <u>55.0</u> |
| Expenditure #2 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 #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 | | | \$55.00 |
| Grand Total of all Schedules 1B (Complete on last page of Schedule) | | | \$458.72 |

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138800
2. Committee Name Michael Flynn For Treasurer

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 endorser 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: Michael Flynn 53218 Providence East Shelby Township, MI 48316 | 4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>06/15/12</u> 6. Original Amount of Debt: <u>\$ 250.05</u> | 07/08/13 \$ 92.04 \$ \$ \$ \$ | \$ 92.04 | \$ 158.01 <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: Michael Flynn 53218 Providence East Shelby Township, MI 48316 | 4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>06/30/12</u> 6. Original Amount of Debt: <u>\$ 1513.96</u> | \$ \$ \$ \$ \$ | \$ | \$ 1513.96 <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: Michael Flynn 53218 Providence East Shelby Township, MI 48316 | 4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>07/05/12</u> 6. Original Amount of Debt: <u>\$ 924.29</u> | \$ \$ \$ \$ \$ | \$ | \$ 924.29 <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |

Page Subtotal (Outstanding debt)

\$2,596.26

Grand Total of all Schedules 1E

\$20,964.45

(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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138800
2. Committee Name Michael Flynn For Treasurer

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: Michael Flynn 53218 Providence East Shelby Township, MI 48316 | 4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>07/08/12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1275.80</u> | \$ \$ \$ \$ \$ | \$ | \$ <u>1275.80</u> <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: Michael Flynn 53218 Providence East Shelby Township, MI 48316 | 4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>07/10/12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 528.02</u> | \$ \$ \$ \$ \$ | \$ | \$ <u>528.02</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: Michael Flynn 53218 Providence East Shelby Township, MI 48316 | 4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>07/16/12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 477.76</u> | \$ \$ \$ \$ \$ | \$ | \$ <u>477.76</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ | | Amount Endorsed: \$ _____ | | |

Page Subtotal (Outstanding debt) **\$2,281.58**

Grand Total of all Schedules 1E **\$20,964.45**
(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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138800
2. Committee Name Michael Flynn For Treasurer

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 endorser 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: Michael Flynn 53218 Providence East Shelby Township, MI 48316 | 4. Type: <u>loan</u> 5. Date Debt Was Incurred: <u>07/19/12</u> 6. Original Amount of Debt: <u>\$ 2604.44</u> | \$ \$ \$ \$ \$ | \$ | \$ <u>2604.44</u> <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: Michael Flynn 53218 Providence East Shelby Township, MI 48316 | 4. Type: <u>loan</u> 5. Date Debt Was Incurred: <u>07/28/12</u> 6. Original Amount of Debt: <u>\$ 2288.68</u> | \$ \$ \$ \$ \$ | \$ | \$ <u>2288.68</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: Michael Flynn 53218 Providence East Shelby Township, MI 48316 | 4. Type: <u>loan</u> 5. Date Debt Was Incurred: <u>08/5/12</u> 6. Original Amount of Debt: <u>\$ 576.46</u> | \$ \$ \$ \$ \$ | \$ | \$ <u>576.46</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |

Page Subtotal (Outstanding debt)

\$5,469.58

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

\$20,964.45

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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138800
2. Committee Name Michael Flynn For Treasurer

This Schedule itemizes:

☐ a. Debts and obligations owed by or forgiven by 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 endorser 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: Michael Flynn 53218 Providence East shelby Township, MI 48316 | 4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>01/30/13</u> 6. <u>Original Amount of Debt:</u> <u>\$ 53.87</u> | \$ \$ \$ \$ \$ | \$ | \$ <u>53.87</u> <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: Michael Flynn 54089 Rienas Lane Shelby Township, MI 48315 | 4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06/26/13</u> 6. <u>Original Amount of Debt:</u> <u>\$ 26.02</u> | \$ \$ \$ \$ \$ | \$ | \$ <u>26.02</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: Michael Flynn 54089 Rienas Lane Shelby Township, MI 48315 | 4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>2/1/14</u> 6. <u>Original Amount of Debt:</u> <u>\$ 53.89</u> | \$ \$ \$ \$ \$ | \$ | \$ <u>53.89</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ | | Amount Endorsed: \$ _____ | | |

Page Subtotal (Outstanding debt) **\$133.78**

Grand Total of all Schedules 1E **\$20,964.45**
(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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138800
2. Committee Name Michael Flynn For Treasurer

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 endorser 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: Michael Flynn 54089 Rienas Lane Shelby Township, MI 48315 | 4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>01/26/15</u> 6. <u>Original Amount of Debt:</u> <u>\$ 150.00</u> | \$ \$ \$ \$ \$ | \$ | \$ 150 <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: Michael Flynn 54089 Rienas Lane Shelby Township, MI 48315 | 4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>1/30/15</u> 6. <u>Original Amount of Debt:</u> <u>\$ 57.12</u> | \$ \$ \$ \$ \$ | \$ | \$ 57.12 <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: michael flynn 54089 rienas lane shelby township, mi 48315 | 4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>6/26/15</u> 6. <u>Original Amount of Debt:</u> <u>\$ 26.02</u> | \$ \$ \$ \$ \$ | \$ | \$ 26.02 <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ | | Amount Endorsed: \$ _____ | | |

Page Subtotal (Outstanding debt)

\$233.14

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

\$20,964.45

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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138800
2. Committee Name Michael Flynn For Treasurer

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 endorser 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: Michael Flynn 54089 Rienas Lane Shelby Township, MI 48315 | 4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10/09/15</u> 6. <u>Original Amount of Debt:</u> <u>\$ 7000.43</u> | <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> | <u>\$</u> | <u>\$ 7000.43</u> <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: Michael Flynn 54089 Rienas Lane Shelby Township, MI 48315 | 4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>7/22/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3244.95</u> | <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> | <u>\$</u> | <u>\$ 3244.95</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: Michael Flynn 54089 Rienas Lane Shelby Township, MI 48315 | 4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>8/19/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 169.5</u> | <u>\$ 164.77</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> | <u>\$</u> | <u>\$ 4.73</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ | | Amount Endorsed: \$ _____ | | |

Page Subtotal (Outstanding debt)

\$10,250.11

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

\$20,964.45

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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138800
2. Committee Name Michael Flynn for Treasurer

- USE A SEPARATE SHEET FOR EACH EVENT -

| | | | |
|---|---|---|--|
| 3. Date Event Was Held <u>11/14/19</u> | 4. Number of Individuals Attending or Participating (whichever is greater) <u>75</u> | 5. Type of Fund Raising Activity <u>Dinner</u> | 6. Address and Name (if any) of the place where the activity was held. <u>Penna's of Sterling</u> <u>38400 Van Dyke Ave, Sterling</u> <u>Heights, MI 48312</u> <input type="checkbox"/> Private Residence |
|---|---|---|--|

7. Total Contributions \$15,825.00

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) \$15,825.00

10. Total Cost of Event \$2,698.09
(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:

| Co-Sponsor(s) | Contribution Split (%) | Expenditure Split (%) |
|---------------|---------------------------|--------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

- 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.