



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 136-102		3. This Statement covers From: 1-1-20 to 7-19-20	
2. Committee Name FRIENDS OF MARK SAUGER		4. Candidate Last Name SAUGER First Name MARK M. 4a. Office Sought Including District # or Community Served (If applicable) DIST. # 2 COUNTY COMMISSIONER	
5. Committee's Mailing Address 7290 HELEN CENTERLINE, MICH 48015 Area Code and Phone 313 505 6501 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.		4b. County of Residence MACOMB 6. Treasurer's Name & Residential Address Area Code & Phone 313 505 6501	
7. Treasurer's Business Address SAME Area Code and Phone _____		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. ☒ Pre-Election OR 9b. ☐ Post-Election Pre-Election or Post-Election Statement relates to: ☒ Primary ☐ General ☐ Convention ☐ Special ☐ School ☐ Caucus Date of Election, Convention or Caucus 8-4-20		Required ONLY if candidate is not on the ballot for the current year. ☐ July Quarterly ☐ October Quarterly 9c. ☐ Annual Statement () Coverage Year 9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
		9e. Dissolution of Candidate Committee ☐ By checking this item I/We certify any outstanding debt of the committee to the candidate or his or her spouse by discharged and forgiven, and no longer collectible by the committee. The committee has no outstanding debt. Further, if the dissolution cannot be granted, that it is 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 MARK SAUGER Mark Sauger Date 7-20-2020 Type or Print Name Signature			

FILED
20 JUL 20 AM 11:54
MACOMB COUNTY CLERK
M. GLENN HICKS



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 136-102

2. Committee Name Friends of Mary Senger

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS

3. Contributions

a. Itemized (Schedule 1A - Column 6)

Column I
This Period
(3a.) \$ 4365

b. Unitemized (less than \$20.01 each - no Schedule)

(3b.) \$ NOT APPLICABLE

c. Subtotal of "Contributions"

(3c.) \$ 4365

4. Other Receipts (Schedule 1A -1, Column 6)

(4.) \$ 0

5. **TOTAL CONTRIBUTIONS AND OTHER RECEIPTS**
(Add Line 3c + Line 4)

(5.) \$ 4365

Column II
Cumulative this election cycle

(18.) \$ _____

(19.) \$ _____

(20.) \$ _____

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-IK, Column 7)

(6.) \$ _____

(21.) \$ _____

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

(7.) \$ _____

(22.) \$ _____

EXPENDITURES

8. Expenditures

a. Itemized (Schedule 1B, Column 6)

(8a.) \$ 4888.17

b. Itemized Get-Out-the-Vote (Schedule 1B-G)

(8b.) \$ 0

c. Unitemized (less than \$50.01 each - no Schedule)

(8c.) \$ 0

9. **TOTAL EXPENDITURES** (Add Line 8a + Line 8b + Line 8c)

(9.) \$ 4888.17

(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.) \$ 1541.10

b. Owed to the Committee (Schedule 1E)

(12b.) \$ _____

BALANCE STATEMENT

13. Ending Balance of last report filed
(Enter zero if no previous reports have been filed.)

(13.) \$ 638.25

14. Amount received during reporting period
(Line 5, Total Contributions & Other Receipts)

(14.) + \$ 4365.00

15. **SUBTOTAL** Add lines 13 and 14

(15.) = \$ 5003.25

16. Amount expended during reporting period
(Add lines 9 and 11)

(16.) - \$ 4888.17

17. **ENDING BALANCE**

(Subtract line 16 from line 15)

(17.) \$ 115.08



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 136-102
2. Committee Name Friends of Mark Sauger

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? ☐ YES 4. Date of Receipt <u>3-2-20</u> Name & Address: <u>Binson, James</u> <u>22534 Statler</u> <u>St. Clair Shores, MI 48081</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Binsons Medical</u> Employer <u>Self</u> Business Address <u>26834 Lawrence Centerline, MI 48015</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>300</u>	\$ _____
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>3-8-20</u> Name & Address: <u>Riberas, Hank</u> <u>46087 Barcroft Way</u> <u>Sterling Heights, MI 48310</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>Roucelli Inc.</u> Business Address <u>6471 16 mile, Sterling Heights, MI 48312</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>500</u>	\$ _____
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt <u>3-21-20</u> Name & Address: <u>Wilson, Gordon</u> <u>49572 Compass Pte.</u> <u>Clster Field Twp., 48407</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100</u>	\$ _____
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt <u>4-13-20</u> Name & Address: <u>Malone, Michael</u> <u>46352 Canterbury</u> <u>Clster Field Twp., 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100</u>	\$ _____

Page Subtotal

1000

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 136-102
2. Committee Name Friends of Mark Sanger

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 <u>4-1-20</u> Name & Address: <u>Cassen, David</u> <u>403 Wilcox</u> <u>Rochester, MI 48307</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>50</u>	\$ _____
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>4-1-20</u> Name & Address: <u>Stevens, Scott</u> <u>111730 Aleta Circle</u> <u>Warren, MI 48093</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100</u>	\$ _____
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt <u>~~4-1-20~~ 3-19-20</u> Name & Address: <u>Chirko, Michael</u> <u>46600 Romeo Plank #5</u> <u>Macomb, MI 48044</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100</u>	\$ _____
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt <u>3-21-20</u> Name & Address: <u>Pinke Edgar</u> <u>PO Box 3377</u> <u>Centerline, MI 48015</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100</u>	\$ _____

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 136-102
2. Committee Name _____

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: <u>Saph Stephen</u> <u>44 Maccomb Place</u> <u>Mt. Clemens, MI 48046</u>	PAC Receipt? ☐ YES 4. Date of Receipt <u>4-2-26</u>	\$ <u>100</u>	\$ _____
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 Name & Address: <u>Citizens for Honest Govt.</u> <u>12955 23 mile Rd.</u> <u>Shelby Twp., MI 48315</u>	PAC Receipt? ☒ YES 4. Date of Receipt <u>6-17-20</u>	\$ <u>500</u>	\$ _____
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 Name & Address: <u>Binson, Rebecca</u> <u>7356 Voerner</u> <u>Center Lake, MI 48015</u>	PAC Receipt? ☐ YES 4. Date of Receipt <u>6-17-20</u>	\$ <u>300</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Housewife</u> Employer <u>NA</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: <u>Haggerty, Jay</u> <u>18710 Rockport</u> <u>Roseville, MI 48066</u>	PAC Receipt? ☐ YES 4. Date of Receipt <u>6-17-20</u>	\$ <u>100</u>	\$ _____
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	

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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 136-102
2. Committee Name Friends of Marv Sanger

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 4-1-20
Name & Address: Cassidy, David
403 Wilcox
Rochester, MI 48307

\$ 50

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 4-1-20
Name & Address: Stevens, Scott
111730 Aleta Circle
Warren, MI 48093

\$ 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 ~~4-1-20~~ 3-19-20
Name & Address: Chirko, Michael
46600 Romeo Plank #5
Macomb, MI 48044

\$ 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 3-21-20
Name & Address: Rinke Edgar
PO Box 3377
Center Line, MI 48015

\$ 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](#)

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 136-102
2. Committee Name Friends of Mark Sagel

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 <u>5-4-20</u>	
Name & Address: <u>Scozzari, Michael</u> <u>8413 Dale</u> <u>Centerline, MI 48015</u>		\$ <u>100</u>	\$ _____
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 <u>4-19-20</u>	
Name & Address: <u>CTE John Chirkov</u> <u>31229 Merrily</u> <u>Roseville, MI 48066</u>		\$ <u>100</u>	\$ _____
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 <u>4-19-20</u>	
Name & Address: <u>Chirkov, John</u> <u>31229 Merrily</u> <u>Roseville, MI 48066</u>		\$ <u>50</u>	\$ _____
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 <u>3-25-20</u>	
Name & Address: <u>Hindeman, Robert</u> <u>49522 Keycove</u> <u>~~at Foster Field Way~~ New Baltimore, MI</u> <u>48047</u>		\$ <u>100</u>	\$ _____
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	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 136-102
2. Committee Name Friends of Mark Sawyer

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? ☐ YES 4. Date of Receipt <u>6-1-20</u> Name & Address: <u>Arran, Jere</u> <u>14255 WEIR</u> <u>Warren, MI 48088</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100</u>	\$ _____
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>5-20-20</u> Name & Address: <u>Klinefelter, Veronica</u> <u>16143 Wilson</u> <u>Eastpointe, MI 48021</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>35</u>	\$ _____
3. Contribution #3 PAC Receipt? ☒ YES 4. Date of Receipt <u>5-14-20</u> Name & Address: <u>Waste Management Employees Better Govt Fund</u> <u>48797 Alpha Drive, Ste. 100</u> <u>Warren, MI 48093</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>250</u>	\$ _____
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt <u>3-20-20</u> Name & Address: <u>Lorenze, Albert</u> <u>37281 Woodside Lane</u> <u>Clinton Twp., MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100</u>	\$ _____

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485

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 136-102
2. Committee Name Friends of Mark Sager

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 <u>3-24-20</u>	
Name & Address: <u>Burdi, Luis</u> <u>4901 N. Grand Oaks Drive</u> <u>Warren, MI 48092</u>		\$ <u>50</u>	\$
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 <u>3-18-20</u>	
Name & Address: <u>Tranchida, Peter</u> <u>80 Belle Meade</u> <u>Grosse Pt. Michigan 48236</u>		\$ <u>250</u>	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>30061 Schoenherr, Warren, 48086</u> 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 <u>6-11-20</u>	
Name & Address: <u>Sobczyk, Scott</u> <u>19641 Hanna St.</u> <u>Melvindale, MI 48122</u>		\$ <u>500</u>	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>SALESMAN</u> Employer <u>TMR ASSOCIATES</u> Business Address <u>601 ABBOTT DETROIT, MI 48226</u> 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 <u>6-15-20</u>	
Name & Address: <u>Hahey, Russell</u> <u>36123 Putnam</u> <u>Clinton Twp. MI 48035</u>		\$ <u>200</u>	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>Rest. Owner</u> Employer <u>Self - Vern Hahey's</u> Business Address <u>24447 Van Dyke, Center Line, MI 48015</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 136-102
2. Committee Name Friends of Mary Sawyer

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? ☐ YES 4. Date of Receipt <u>6-2-20</u> Name & Address: <u>Beindit, Alvin</u> <u>8680 Gibbons</u> <u>Jeddo, MI 48032</u>		\$ <u>80</u>	\$ _____
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 <u>3-25-20</u> Name & Address: <u>CTE Hurdal Hugh</u> <u>19464 Candlelight</u> <u>Roseville, MI 48060</u>		\$ <u>100</u>	\$ _____
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 _____ 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 _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 136-102
2. Committee Name Friends of Mark Sager

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Office Max</u> Address <u>32251 John R</u> <u>Madison Heights, MI</u> <u>48071</u> ☐ Fund Raiser	Purpose: <u>Printer Ink</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-21-20</u> Date	<u>\$ 52.99</u>
Expenditure #2 Name <u>Fed Ex office</u> Address <u>37160 Van Dyke</u> <u>Sterling Heights, MI 48312</u> ☐ Fund Raiser	Purpose: <u>Copy Paper & Ink</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2-29-20</u> Date	<u>\$ 101.75</u>
Expenditure #3 Name <u>American Graphics</u> Address <u>34895 Groesbeck</u> <u>Clinton Twp, MI 48035</u> ☐ Fund Raiser	Purpose: <u>Printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-10-20</u> Date	<u>\$ 1000.23</u>
Expenditure #4 Name <u>American Graphics</u> Address <u>34895 Groesbeck</u> <u>Clinton Twp, MI 48035</u> ☐ Fund Raiser	Purpose: <u>Letterhead</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2-17-20</u> Date	<u>\$ 106</u>
Expenditure #5 Name <u>American Graphics</u> Address <u>34895 Groesbeck</u> <u>Clinton Twp, MI 48035</u> ☐ Fund Raiser	* Fundraiser was cancelled because of Pandemic Purpose: <u>Fundraiser Tickets</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-5-20</u> Date	<u>\$ 127.20</u>

Subtotal this page

1388.17

Grand Total of all Schedules 1B
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Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 136-102
2. Committee Name Friends of Mary Sawyer

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>American Graphics</u> Address <u>34895 Groesbeck</u> <u>Clinton Twp, MI 48035</u> ☐ Fund Raiser	Purpose: <u>Printing & Mailing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-29-20</u> Date	<u>\$ 1000</u>
Expenditure #2 Name <u>American Graphics</u> Address <u>34895 Groesbeck</u> <u>Clinton Twp, MI 48035</u> ☐ Fund Raiser	Purpose: <u>Printing & Mailing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-6-20</u> Date	<u>\$ 1500</u>
Expenditure #3 Name <u>American Graphics</u> Address <u>34895 Groesbeck</u> <u>Clinton Twp, MI 48035</u> ☐ Fund Raiser	Purpose: <u>Printing & Mailing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-1-20</u> Date	<u>\$ 1000</u>
Expenditure #4 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page 3500

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 4888.17

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

136 102

2. Committee Name

Friends of Marv Sauger

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? ☐ Yes Owed to or by: Marv Sauger 7290 Helen Center Line, Michigan 48015	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>6-5-09</u> 6. <u>Original Amount of Debt:</u> \$ <u>125</u>	<u>7-10-11</u> \$ <u>68.90</u> \$ \$ \$ \$	\$ <u>68.90</u>	\$ <u>56.10</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: Marv Sauger 7290 Helen Center Line, MI 48015	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>1-10-11</u> 6. <u>Original Amount of Debt:</u> \$ <u>800</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>800</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: Marv Sauger 7290 Helen Center Line, MI 48015	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>6-8-12</u> 6. <u>Original Amount of Debt:</u> \$ <u>685</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>685</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1541.10

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

1541.10

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.