



**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 137492 2. Committee Name JOIE West for Trustee 5. Committee's Mailing Address 20752 ALDO COURT Clinton Township, MI 48038 Area Code and Phone 586-465-9709 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. 7. Treasurer's Business Address 20752 ALDO CT Clinton Twp. MI 48038 Area Code and Phone 586-465-9709		3. This Statement covers From: 1/1/2020 to 7/19/2020 4. Candidate Last Name WEST First Name Jenifer M.I. J 4a. Office Sought Including District # or Community Served (If applicable) Board Member-Local-Trustee, Clinton Township 4b. County of Residence MACOMB 6. Treasurer's Name & Residential Address Jenifer Jo West 20752 ALDO COURT CLINTON TOWNSHIP, MI 48038 Area Code & Phone 586-465-9709 8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Jenifer Jo West 20752 ALDO CT Clinton Township, MI 48038 Area Code and Phone 586-465-9709	
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 Aug 4, 2020		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.)	
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 Jenifer Jo West Type or Print Name Signature Date 7/20/2020 Candidate Jenifer Jo West Type or Print Name Signature Date 7/20/2020		9e. Dissolution of Candidate Committee ☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Resigning Waiver. Effective date of dissolution _____ Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

1. Committee I.D. Number 137492

2. Committee Name Joie West for Trustee

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>11,185</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>11,185</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>11,185</u>	(20.) \$ <u>11,935</u>
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.) \$	<u>9,325.17</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>9,325.17</u>	(23.) \$ <u>10,931.17</u>
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>4,987.77</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>467.22</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>11,185.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>11,652.22</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>10,931.17</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>721.05</u>	*



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 137492
2. Committee Name JOIE West for Trustee

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>4/17/2020</u>	
Name & Address: <u>Robert Boccomino</u> <u>27882 Los Olas</u> <u>Warren, MI 48093</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____		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 <u>5/13/2020</u>	
Name & Address: <u>Ronald Wood</u> <u>29225 Lake Park Dr</u> <u>Farmington Hills, MI 48331</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>BCBMS</u>		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 <u>5/14/2020</u>	
Name & Address: <u>Janis Penha</u> <u>37351 Willow</u> <u>Clinton Twp, MI 48036</u>		\$ <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: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #4	PAC Receipt? ☐ YES	4. Date of Receipt <u>5/14/2020</u>	
Name & Address: <u>James Carlone</u> <u>37247 Moravian Dr</u> <u>Clinton Twp, MI 48036</u>		\$ <u>75</u>	\$ <u>75</u>
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

375

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 137492
2. Committee Name JOIE West for Trustee

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 5/16/2020

Name & Address:

Trudy Stewart
6034 Stoney Point Dr
Lansing, MI 48917

\$ 50

\$ 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 5/8/20

Name & Address

Laurie Arora
1189 Devonshire
Grosse Pointe Park, MI 48230

\$ 150

\$ 150

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

Occupation VP-PR/marketing Employer PACE of SEMI

Business Address 11 mile, Southfield

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 5/10/20

Name & Address:

David Mahlmeister
20682 ALDO CT
Clinton Twp, MI 48038

\$ 50

\$ 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 #4 PAC Receipt? ☐ YES 4. Date of Receipt 5/9/20

Name & Address

Patricia Hornung
17568 Crillon Dr
Clinton Twp, MI 48038

\$ 50

\$ 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](#)

Page Subtotal

300

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

137492

2. Committee Name

Joe West for Trustee

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 5/12/20

Name & Address:

ANTHONY TYPE
49531 COSIMO CT
MACOMB, MI 48042

\$ 200

\$ 200

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

Occupation Auto Service Owner Employer Auto Service

Business Address Panel Clinton Twp. MI

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 5/3/20

Name & Address:

Virginia Bartricki
5291 Burton Rd
Capac, MI 48014

\$ 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 6/3/20

Name & Address:

Scott Irwin
5291 Burton Rd
Capac, MI 48014

\$ 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 5/7/20

Name & Address:

Stephen Saphir
44 Macomb Place
Mt. Clemens, MI 48046

\$ 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

500

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 137492
2. Committee Name Joie West for Trustee

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>5/8/2020</u>
Name & Address: <u>John Kazmierski</u> <u>2700 W. Longlake Rd</u> <u>Troy, MI 48098</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt	<u>6/1/2020</u>
Name & Address: <u>Scott Lockwood</u> <u>950 Southdown Rd</u> <u>Bloomfield Hills, MI 48304</u>		\$ <u>300</u>	\$ <u>300</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation <u>Engineer</u> Employer <u>ASW</u>			
Business Address <u>Schoenherr Rd, Shelby Twp</u>			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #3	PAC Receipt? ☐ YES	4. Date of Receipt	<u>6/2/20</u>
Name & Address: <u>Robert Huth</u> <u>19500 Hall Rd Suite 100</u> <u>Clinton Twp, MI 48038</u>		\$ <u>300</u>	\$ <u>300</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation <u>Attorney</u> Employer <u>Kirk, Huth & Associates</u>			
Business Address <u>Hall Rd Clinton Twp, MI</u>			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #4	PAC Receipt? ☐ YES	4. Date of Receipt	<u>5/20/20</u>
Name & Address: <u>Michelle DeBeaussant</u> <u>39856 Bryton Ct</u> <u>Clinton Twp, MI 48038</u>		\$ <u>35</u>	\$ <u>35</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

735

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 137492
2. Committee Name Jole West for Trustee

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 5-16-20

Name & Address:

William J. Sowerby
37860 Saddle Lane
Clinton Township, MI 48036

\$ 200 \$ 200

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

Occupation State Rep Employer State of MICH

Business Address Lansing, MI

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 5-18-20

Name & Address:

Paul Gielegem
37905 E. Horseshoe Dr
Clinton Twp, MI 48036

\$ 50 \$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 5/18/20

Name & Address:

Tim Tomlinson
22600 Hall Rd #205
Clinton Twp, MI

\$ 250 \$ 250

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

Occupation Attorney Employer York, Dolan & Tomlinson

Business Address 22600 Hall Rd, Clinton Twp, MI

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 5/18/20

Name & Address:

John Dolan
22600 Hall Rd #205
Clinton Twp, MI 48036

\$ 250 \$ 250

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

Occupation Attorney Employer York, Dolan, Tomlinson

Business Address 22600 Hall Rd, Clinton Twp, MI

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

[Click Here for Memo Itemization](#)

Page Subtotal

750

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

137492

2. Committee Name

Joie West for Trustee

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

5/20/20

Name & Address:

Albert Przybylski
2942 River Valley
Troy, MI 48098

\$ 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 #2

PAC Receipt? ☐ YES

4. Date of Receipt

5-19-20

Name & Address

Alice Viviano
37925 Woodcrest St
Clinton Twp, MI 48036

\$ 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 # 3

PAC Receipt? ☐ YES

4. Date of Receipt

5/11/2020

Name & Address:

Linda Ridotti
37649 Charter Oaks Blvd
Clinton Twp, MI

\$ 25

\$ 25

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

7/6/20

Name & Address

Teresa Choate
43153 Chardonney
Sterling Hts, MI 48314

\$ 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

Page Subtotal

425

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 _____

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	PAC Receipt? ☐ YES	4. Date of Receipt	
Name & Address: <u>Ron Papandrea</u> <u>30315 Austin Dr</u> <u>Warren MI 48092</u>		<u>7/2/2020</u>	
5. If over \$100.00 cumulative, please provide:		\$ <u>100</u>	\$ <u>100</u>
Occupation _____ Employer _____		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	
Name & Address: <u>Barbara Havlena</u> <u>23878 Fenton</u> <u>Clinton Twp, MI 48036</u>		<u>6/30/20</u>	
5. If over \$100.00 cumulative, please provide:		\$ <u>200</u>	\$ <u>200</u>
Occupation <u>Retired</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt	
Name & Address: <u>Michael V Keys</u> <u>23482 Grandy St</u> <u>Clinton Twp, MI 48035</u>		<u>6/1/2020</u>	
5. If over \$100.00 cumulative, please provide:		\$ <u>50</u>	\$ <u>50</u>
Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt	
Name & Address: <u>Scott Charbot</u> <u>41605 Lexington</u> <u>Clinton Twp, MI 48038</u>		<u>6/6/20</u>	
5. If over \$100.00 cumulative, please provide:		\$ <u>150</u>	\$ <u>150</u>
Occupation <u>Civil Engineer</u> Employer <u>ARW</u>		Click Here for Memo Itemization	
Business Address <u>Schaenherr, Shelby Twp</u>			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

500

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

137492

2. Committee Name

JOE West for Trustee

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

6/6/20

Name & Address:

~~Dana~~ Sharon Gine
37567 Raddle St
Clinton Twp, MI 48036

\$ 50

\$ 50

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 # 2

PAC Receipt? ☐ YES

4. Date of Receipt

6/13/20

Name & Address

Beverly Ruchalski
17214 GULF DR.
Clinton Twp, MI 48038

\$ 50

\$ 50

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

6/1/2020

Name & Address:

Marty West
2052 ALDO CT
Clinton Twp, MI 48038

\$ 7000

7750

~~1750~~

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

Occupation

Employer

[Click Here for Memo Itemization](#)

Business Address

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 4

PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address

\$

\$

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

Occupation

Employer

[Click Here for Memo Itemization](#)

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☐ Fund Raiser

Page Subtotal

7100

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 137492
2. Committee Name OTB The West Trust

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 Name & Address: <u>UAW V-PAC</u> <u>8000 E. Jefferson</u> <u>Detroit, MI</u>	PAC Receipt? ☒ YES	4. Date of Receipt <u>7/15/20</u>	\$ <u>500</u> \$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Union</u> Employer <u>UAW Michigan</u> Business Address <u>Jefferson Ave, Detroit</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			Click Here for Memo Itemization
3. Contribution #2 Name & Address:	PAC Receipt? ☐ YES	4. Date of Receipt	\$ \$
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:	PAC Receipt? ☐ YES	4. Date of Receipt	\$ \$
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 Name & Address:	PAC Receipt? ☐ YES	4. Date of Receipt	\$ \$
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

500

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

11185

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 137492
2. Committee Name Joe West for Trustee

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 Printing</u> Address <u>34895 Groesbeck</u> <u>Clinton Twp, MI 48035</u> ☐ Fund Raiser	Purpose: <u>Post Cards</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>June 1</u> Date <u>20</u>	<u>\$ 615.86</u>
Expenditure #2 Name <u>American Graphics</u> Address <u>34895 Groesbeck</u> <u>Clinton Twp MI 48035</u> ☐ Fund Raiser	Purpose: <u>Markers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>June 13</u> Date <u>20</u>	<u>\$ 2588.52</u>
Expenditure #3 Name <u>Poppy Designs LLC</u> Address <u>23225 Oakwood</u> <u>Eastpointe, MI 48021</u> ☐ Fund Raiser	Purpose: <u>Developing Lit.</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/9/20</u> Date	<u>\$ 745</u>
Expenditure #4 Name <u>Mass Mailing LLC</u> Address <u>35468 Mound Rd</u> <u>Sterling Hts, MI 48310</u> ☐ Fund Raiser	Purpose: <u>Mailing Services</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/1/20</u> Date	<u>\$ 501.97</u>
Expenditure #5 Name <u>Postmaster</u> Address <u>Royal Oak</u> <u>48068</u> ☐ Fund Raiser	Purpose: <u>Postage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/1/20</u> Date	<u>\$ 3131.23</u>

Subtotal this page

7582.58

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

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 137492
2. Committee Name Joe Westmaster

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Mass Mailing LLC</u> Address <u>35468 Mound Rd</u> <u>Sterling Heights MI 48310</u> ☐ Fund Raiser	Purpose: <u>Mailing Services</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/15/20</u> Date	<u>283.93</u>
Expenditure #2 Name <u>Post Master</u> Address <u>Royal Oak 48065</u> ☐ Fund Raiser	Purpose: <u>Mailing/Postage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/15/20</u> Date	<u>1389.06</u>
Expenditure #3 Name <u>PostMaster</u> Address <u>MT Clemens</u> ☐ Fund Raiser	Purpose: <u>Stamps</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/8/20</u> Date	<u>70.00</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

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

1742.59
9325.17

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 137492
2. Committee Name Joie West for Trustee

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 5 minus Item 8) ☐ FORGIVEN
Debt #1 Owed to or by: ☐ Corp? ☐ Yes Jenifer Jo West 20752 Aldo Court Clinton Township, MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10/05/08</u> 6. <u>Original Amount of Debt:</u> <u>\$ 350.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$ 350.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: ☐ Corp? ☐ Yes Jenifer Jo West 20752 Aldo Court Clinton Township, MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>11/03/08</u> 6. <u>Original Amount of Debt:</u> <u>\$ 952.77</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$ 952.77</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: ☐ Corp? ☐ Yes Jenifer Jo West 20752 Aldo Court Clinton Township, MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>11/03/08</u> 6. <u>Original Amount of Debt:</u> <u>\$ 685.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$ 685.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Page Subtotal (Outstanding debt)				\$1,987.77
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 137492
2. Committee Name Joie West for Trustee

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 Owed to or by: ☐ Corp? ☐ Yes Jennifer Jo West 20752 Aldo Court Clinton Township, MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>11/08/12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3,000.00</u>	\$ \$ \$ \$ \$	\$	\$ 3,000.00 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Owed to or by: ☐ Corp? ☐ Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Owed to or by: ☐ Corp? ☐ Yes	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) **\$3,000.00**

Grand Total of all Schedules 1E **\$4,987.77**
(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.