



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FOR OFFICIAL USE ONLY

CANDIDATE COMMITTEE
COVER PAGE

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

Committee I.D. Number

139943

Committee Name

CTE Stanley Babinski

Committee's Mailing Address

1156 Millpond Ln
Washington Twp, MI
48094

Area Code and Phone 586-362-3316
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.

Treasurer's Business Address

1156 Millpond Ln
Washington Twp, MI
48094

Area Code and Phone 586-362-3316

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

8/4/2020

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.)

3. This Statement covers From: 7/20/2020 to 8/24/2020

4. Candidate Last Name

First Name

M.I.

4a. Office Sought Including District # or Community Served (If applicable)

4b. County of Residence

6. Treasurer's Name & Residential Address

Area Code & Phone

8. Designated Record Keeper's Name and Address (If the committee has
Designated Record Keeper)

Area Code and Phone

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 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

Type or Print Name

Signature

Date

Candidate

Type or Print Name

Signature

Date



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139943
2. Committee Name CTE STANLEY BABINSKI

RECEIPTS

Column I
This Period

Column II
Cumulative this election cycle

3. Contributions

- a. Itemized (Schedule 1A - Column 6)
b. Unitemized (less than \$20.01 each - no Schedule)
c. Subtotal of "Contributions"

(3a.) \$ 200
(3b.) \$ NOT APPLICABLE
(3c.) \$ 200
(4.) \$ 0
(5.) \$ 200

(18.) \$ 700
(19.) \$ 0
(20.) \$ 700

4. Other Receipts (Schedule 1A -1, Column 6)
5. **TOTAL CONTRIBUTIONS AND OTHER RECEIPTS**
(Add Line 3c + Line 4)

IN-KIND CONTRIBUTIONS & EXPENDITURES

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

(6.) \$ _____
(7.) \$ _____

(21.) \$ 5325.05
(22.) \$ 0

EXPENDITURES

8. Expenditures

- a. Itemized (Schedule 1B, Column 6)
b. Itemized Get-Out-the-Vote (Schedule 1B-G)
c. Unitemized (less than \$50.01 each - no Schedule)
9. **TOTAL EXPENDITURES** (Add Line 8a + Line 8b + Line 8c)

(8a.) \$ 546.41
(8b.) \$ 0
(8c.) \$ 0
(9.) \$ 546.41

(23.) \$ 546.41

INCIDENTAL EXPENSE DISBURSEMENTS
(Officeholders Only)

10. Disbursements
a. Itemized (Schedule 1C, Column 6)
b. Unitemized (less than \$50.01 each - no Schedule)
11. **TOTAL INCIDENTAL EXPENSE DISBURSEMENTS**
(Add Line 10a + Line 10b)

(10a.) \$ 0
(10b.) \$ 0
(11.) \$ 0

(24.) \$ 0

DEBTS AND OBLIGATIONS

12. Debts and Obligations
a. Owed by the Committee (Schedule 1E)
b. Owed to the Committee (Schedule 1E)

(12a.) \$ 0
(12b.) \$ 0

BALANCE STATEMENT

13. Ending Balance of last report filed
(Enter zero if no previous reports have been filed.)
14. Amount received during reporting period
(Line 5, Total Contributions & Other Receipts)
15. **SUBTOTAL** Add lines 13 and 14
16. Amount expended during reporting period
(Add lines 9 and 11)
17. **ENDING BALANCE**
(Subtract line 16 from line 15)

(13.) \$ 500
(14.) + \$ 200
(15.) = \$ 700
(16.) - \$ 546.41
(17.) \$ 153.59



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139943
2. Committee Name CTE Stanley Bakinski

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 8/6/2020
Name & Address:

Pam Kellar 59987 Carlton N. Apt B
Washington Twp MI 48094

\$ 200

\$ 200

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

[Click Here for Memo Itemization](#)

Occupation Retired Employer _____

Business Address _____

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt _____
Name & Address

\$ _____

\$ _____

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

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt _____
Name & Address:

\$ _____

\$ _____

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

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

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:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal

200

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

200

Enter this total on
line 3a of Summary
Page.

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139943
2. Committee Name CTE Stanley Babinski

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>CTE Stanley Babinski</u> Address <u>11156 Mill Pond</u> <u>Washington Twp, MI</u> <u>48094</u> ☐ Fund Raiser	Purpose: <u>Post Card & Mailing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/22/02</u> Date	<u>\$ 546.41</u>
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
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 546.41
Grand Total of all Schedules 1B
(Complete on last page of Schedule) 546.41
Enter this total on line 8a of Summary Page



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

1. Committee I.D. Number 139943
2. Committee Name CTE Stanley Babirski

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 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? ☐ Yes Owed to or by: <u>Stanley Babirski</u> <u>11156 Mill Pond</u> <u>Washington Twp MI 48094</u>	4. Type: <u>open Bank Acct</u> 5. <u>Date Debt Was Incurred:</u> <u>6/10/2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 200</u>	<u>200</u> \$ _____ _____ _____ _____ _____	<u>\$ 200</u>	<u>\$ 0</u> ☒ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by:	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 Corp? ☐ Yes Owed to or by:	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) 0

Grand Total of all Schedules 1E 0

(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