



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

20 SEP -2 PM 2:38

**CANDIDATE COMMITTEE
COVER PAGE**

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: 05-27-2020 to 08-24-2020

1. Committee I.D. Number

139881

4. Candidate Last Name

MURRAY

First Name

SARA

M.I.

L

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

TRUSTEE

ARMADA TOWNSHIP

4b. County of Residence

MACOMB

5. Committee's Mailing Address

15300 ARMADA CENTER RD.
ARMADA, MI 48005

Area Code and Phone 586-531-5924

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

SAME
SARA MURRAY
15300 ARMADA CENTER RD.
ARMADA, MI 48005

Area Code & Phone

586-531-5924

7. Treasurer's Business Address

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

Area Code and Phone

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

08-04-2020

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.)

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

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139881
2. Committee Name CTE SARA MURRAY

	Column I This Period	Column II Cumulative this election cycle
RECEIPTS		
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>887.14</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>887.14</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>887.14</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>265.77</u>	(21.) \$ <u>265.77</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>887.14</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>887.14</u>	(23.) \$ <u>887.14</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.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>887.14</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>887.14</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>887.14</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>0</u>	



1
MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number: 139881
2. Committee Name: CTE SARA MURRAY

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.

3. Contribution #1 PAC Receipt? ☐ YES 4. Date of Receipt 08-24-2020

Name & Address:
SARA MURRAY
15300 ARMADA CENTER
ARMADA MI 48005

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

\$ 887.16 \$

[Click Here for Memo Itemization](#)

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

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt

\$ \$

[Click Here for Memo Itemization](#)

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____

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

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt

\$ \$

[Click Here for Memo Itemization](#)

5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____

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

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt

\$ \$

[Click Here for Memo Itemization](#)

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

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

Page Subtotal 887.16

Grand Total of All Schedules 1A
(Complete on last page of Schedule)
887.16
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 139881

2. Committee Name CTE SARA MURRAY

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? ☐ Yes Name & Address: <u>BEN COY</u> <u>15060 EDDY LAKE RD.</u> <u>FENTON, MI 48430</u> If over \$100.00 cumulative, please provide: Occupation: <u>ADMINISTRATION</u> Employer Name & Business Address: <u>LINDEN COMM. SCHOOLS</u> <u>7205 W. SILVER LAKE RD.</u> <u>LINDEN, MI 48451</u> ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description: <u>POSTAGE - USPS</u> 5. Date Of Receipt: <u>06-19-2000</u> 6. Vendor Name & Address: <u>USPS</u> <u>74260 BURK ST.</u> <u>ARMADA, MI 48005</u> Click Here for Memo Itemization	\$ <u>122.69</u>	
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: <u>CASEY BEEMAN</u> <u>78572 CRYDERMAN RD</u> <u>RICHMOND, MI 48062</u> If over \$100.00 cumulative, please provide: Occupation: <u>ADMINISTRATION</u> Employer Name & Address: <u>BLAKE FARMS</u> <u>17985 ARMADA CENTER RD</u> <u>ARMADA, MI 48005</u> ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description: <u>POSTAGE - USPS</u> 5. Date Of Receipt: <u>07-28-2000</u> 6. Vendor Name & Address: <u>USPS</u> <u>74260 BURK ST.</u> <u>ARMADA, MI 48005</u> Click Here for Memo Itemization	\$ <u>139.88</u>	
Contribution #3 PAC Receipt? ☐ Yes Name & Address: <u>CTE SARA MURRAY</u> <u>15300 ARMADA CENTER RD</u> <u>ARMADA, MI 48005</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description: <u>FLYERS</u> 5. Date Of Receipt: 6. Vendor Name & Address: Click Here for Memo Itemization <u>MATERIALS ON HAND</u>	\$ <u>3.20</u>	

Page Subtotal 265.77

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) 265.77

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number

139881

2. Committee Name

CTE SARA MURRAY

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name LAIRD PLASTICS Address 26403 GROESBECK HWY WARREN, MI 48089 ☐ Fund Raiser	Purpose: SIGN MATERIALS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05-23-2020 Date	\$ 204.50
Expenditure #2 Name STAHL'S Address 70 BOY 72497 CLEVELAND, OH 44192 ☐ Fund Raiser	Purpose: SIGN MATERIALS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05-15-20 Date	\$ 255.71
Expenditure #3 Name FOMED PRINTING Address 225 NORTH MAIN ST. FARMER, MI 48065 ☐ Fund Raiser	Purpose: POSTCARDS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06-19-20 Date	\$ 369.74
Expenditure #4 Name MACOMB COUNTY CLERK Address 32 MARKET ST. MTCLEMENS, MI 48043 ☐ Fund Raiser	Purpose: VOTER LIST ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05-21-20 Date	\$ 10.00
Expenditure #5 Name USPS Address 74260 BUCK ST. ARMADA, MI 48005 ☐ Fund Raiser	Purpose: POSTAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06-20-20 Date	\$ 17.19

Subtotal this page

857.14

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

Enter this total
on line 8a of
Summary Page



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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139881
2. Committee Name CTE SARA MURRAY

3. Name and address of person or vendor to whom paid	4 Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>ARMADA FLEA MARKET</u> Address <u>25381 ARMADA RINGE</u> <u>RICHMOND, MI 48062</u> ☐ Fund Raiser	Purpose: <u>INFO. BOOTH</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09.28.20</u> Date Click Here for Memo Itemization Type	<u>\$ 30.00</u>
Expenditure #2 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date Click Here for Memo Itemization Type	\$ _____
Expenditure #3 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date Click Here for Memo Itemization Type	\$ _____
Expenditure #4 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date Click Here for Memo Itemization Type	\$ _____
Expenditure #5 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date Click Here for Memo Itemization Type	\$ _____
Subtotal this page			<u>30.00</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>887.16</u>

Enter this total
on line 8a of
Summary Page