



**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 CTE 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 Court Clinton Township, MI 48038 Area Code and Phone (586) 465-9709		3. This Statement covers From: 23/25/2020 to 10/18/2020 4. Candidate Last Name West First Name Jenifer M.I. Jo 4a. Office Sought Including District # or Community Served (If applicable) Board Member - Local - Clinton Township Trustee 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 Court 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 11/03/20		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.)	
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 Candidate Jenifer Jo West Type or Print Name		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 lates 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.	
		Signature: <i>Jenifer Jo West</i> Date: 10/22/2020 Signature: <i>Jenifer Jo West</i> Date: 10/22/2020	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 137492

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name JOIE WEST FOR TRUSTEE

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>6,410.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$6,410.00</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>\$7,110.00</u>	(20.) \$ <u>\$18,780.00</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>\$9,122.57</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>\$9,122.57</u>	(23.) \$ <u>\$18,611.34</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>\$2,648.45</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$7,110.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$9,758.45</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$9,122.57</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$636.45</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>10/09/20</u>	
Name & Address: UAW V-PAC 8000 E. JEFFERSON DETROIT		\$ <u>1000</u>	\$ <u>1500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNION</u> Employer <u>UAW MICHIGAN</u> 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>10/02/20</u>	
Name & Address: FREDERICK PERAYEFF 4925 PICKFORD DRIVE TROY, MI 48085		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> 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>09/30/20</u>	
Name & Address: JOHN A. DOLAN 22600 HALL ROAD, SUITE 205 CLINTON TOWNSHIP, MI 48038		\$ <u>200</u>	\$ <u>450</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>YORK, DOLAN & TOMLINSON</u> Business Address <u>22600 HALL ROAD, CT, MI</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>09/30/20</u>	
Name & Address: TIMOTHY TOMLINSON 22600 HALL ROAD, SUITE 205 CLINTON TOWNSHIP, MI 48038		\$ <u>200</u>	\$ <u>450</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>YORK, DOLAN & TOMLINSON</u> Business Address <u>22600 HALL ROAD, CT, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$1,600.00**

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 10/01/20

Name & Address:

PETER VIVIANO
38374 SADDLE LANE
CLINTON TWP., MI 48036

\$ 200

\$ 200

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

Occupation OWNER Employer VIVIANO FLORIST

[Click Here for Memo Itemization](#)

Business Address MULTIPLE STORES

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/07/20

Name & Address:

PATRICIA HORNING
17568 CRILLON DRIVE
CLINTON TWP., MI 48038

\$ 30

\$ 80

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 09/28/20

Name & Address:

VITO STROLIS
205 N. GRATIOT
MT. CLEMENS, MI 48043

\$ 200

\$ 200

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

Occupation OWNER Employer RUEHLES TOWING

[Click Here for Memo Itemization](#)

Business Address 205 N. GRATIOT, MT. CLEMENS, MI

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/11/20

Name & Address:

M. RENEE AHEE
38378 COUNTRY CLUB DRIVE
CLINTON TWP., MI 48038

\$ 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

Page Subtotal \$455.00

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 09/25/20

Name & Address:

JERRY C. WEST
17253 POND DRIVE
CLINTON TWP., MI 48038

\$ 35

\$ 35

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 09/28/20

Name & Address:

SCOTT P. LOCKWOOD
950 SOUTHDOWN RD.
BLOOMFIELD HILLS, MI 48304

\$ 100

\$ 400

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

Occupation CIVIL ENGINEER Employer AEW

[Click Here for Memo Itemization](#)

Business Address SCHOENHERR RD. SHELBY TOWNSHIP, MI

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 09/29/20

Name & Address:

MICHELLE DEBEAUSSAERT
39856 BRYLOR COURT
CLINTON TWP. MI 48038

\$ 50

\$ 85

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 09/26/20

Name & Address:

DAVID MAHLMEISTER
20682 ALDO COURT
CLINTON TWP., MI 48038

\$ 50

\$ 100

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

Occupation RETIRED Employer FORD MOTOR CO

[Click Here for Memo Itemization](#)

Business Address _____

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

Page Subtotal **\$235.00**

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 <u>09/25/20</u> Name & Address: JOHN F. KAZMIERSKI, DO 2700 W. LONG LAKE ROAD TROY, MI 48098		\$ <u>100</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHYSICIAN</u> Employer <u>MCLAREN CARDIOVASCULAR</u> Business Address <u>1000 HARRINGTON BLVD. MT. CLEMENS, MI 48043</u> 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>09/25/20</u> Name & Address: BARBARA ROSSMANN 14836 N. PARK DR. SHELBY TWP., MI 48315		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT & CEO</u> Employer <u>HFHS - MACOMB</u> 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>09/25/20</u> Name & Address: ERIC JACKSON 22615 THOMSON CLINTON TWP., MI 48035		\$ <u>35</u>	\$ <u>35</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>09/23/20</u> Name & Address: DANIEL LEPO 41149 REDWOOD COURT CLINTON TWP., MI 48038		\$ <u>50</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	

Page Subtotal **\$285.00**

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>09/29/20</u>	
Name & Address: KEN PEARL 38316 SANTA BARBARA ST. CLINTON TOWNSHIP, MI 48036		\$ <u>55</u>	\$ <u>55</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>09/29/20</u>	
Name & Address: SCOTT CHABOT 41605 LEXINGTON CLINTON TOWNSHIP, MI 48038		\$ <u>75</u>	\$ <u>225</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CIVIL ENGINEER</u> Employer <u>AEW</u> Business Address <u>SCHOENHERR, SHELBY TWP., MI</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>09/29/20</u>	
Name & Address: MARY ANN HOSEY 3470 N. CENTURY OAK CIR OAKLAND TWP., MI 48363		\$ <u>55</u>	\$ <u>55</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>09/29/20</u>	
Name & Address: SARA GIELEGHEM 37905 E. HORSESHOE DR. CLINTON TWP., MI 48036		\$ <u>75</u>	\$ <u>75</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	

Page Subtotal **\$260.00**

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 09/28/20

Name & Address:

TERESA CHOATE
43153 CHARDONNAY DR.
STERLING HEIGHTS, MI 48314

\$ 100

\$ 300

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

Occupation MANAGER Employer PHYSICIAN HEALTH ORG

[Click Here for Memo Itemization](#)

Business Address TROY, MI

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 09/28/20

Name & Address

ANTHONY PYPE
49531 COSIMO CT
MACOMB, MI 48042

\$ 100

\$ 300

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 09/29/20

Name & Address:

TERRA L. BIRSEN
48671 WHEATFIELD ST.
CHESTERFIELD TWP. 48051

\$ 75

\$ 75

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 09/29/20

Name & Address

LAWRENCE SCOTT
12900 HALL #350
STERLING HEIGHTS, MI 48313

\$ 300

\$ 300

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

Occupation ATTORNEY Employer O'REILLY RANCILIO

[Click Here for Memo Itemization](#)

Business Address 12900 HALL RD. #350, STERLING HEIGHTS, MI 48313

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

Page Subtotal **\$575.00**

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>10/01/20</u> Name & Address: PETER M. THOMAS 5018 SEVEN LAKE DRIVE S WASHINGTON TOWNSHIP, MI 48095		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>CASH EXCHANGE</u> Business Address <u>GRATIOT AVE, CLINTON TWP. MI</u> 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>09/30/20</u> Name & Address: ROBERT MIJAC 35468 MOUND RD STERLING HEIGHTS, MI 48310		\$ <u>100</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>09/17/20</u> Name & Address: Ron Papandrea 313150 Austin Warren, MI 48092		\$ <u>100</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/13/20</u> Name & Address: Marty West 20752 Aldo Court Clinton Twp, MI 48038		\$ <u>3000</u>	\$ <u>10750</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CAD CAM Machinist</u> Employer <u>Precise Concepts</u> Business Address <u>Reynolds Drive, Clinton Twp, mi</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$3,700.00**

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

\$7,110.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 137492
2. Committee Name JOIE 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 POPPY DESIGNS LLC Address 23225 OAKWOOD EASTPOINTE , MI48021 ☐ Fund Raiser	Purpose: <u>MATERIALS DESIGN</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/04/20</u> Date	\$ <u>120</u>
Expenditure #2 Name AMERICAN GRAPHICS Address 34895 GROESBECK Clinton Township, MI 48035 ☐ Fund Raiser	Purpose: <u>printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/03/20</u> Date	\$ <u>1676.92</u>
Expenditure #3 Name American Graphics Address 34895 Groesbeck Clinton Township, MI 48035 ☐ Fund Raiser	Purpose: <u>printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/25/20</u> Date	\$ <u>173.84</u>
Expenditure #4 Name American Graphics Address 34895 Groesbeck Clinton Township, MI 48035 ☐ Fund Raiser	Purpose: <u>printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/21/20</u> Date	\$ <u>200</u>
Expenditure #5 Name POSTMASTER Address royal oak 48068 ☐ Fund Raiser	Purpose: <u>mailing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/20</u> Date	\$ <u>3197.69</u>

Subtotal this page

\$5,368.45

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 **Joie 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 USPS Address Garfield Road Clinton Township, MI 48038 ☐ Fund Raiser	Purpose: stamps ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/08/20 Date	\$ 1750
Expenditure #2 Name USPS Address Garfield Road Clinton Township, MI 48038 ☐ Fund Raiser	Purpose: stamps ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/06/20 Date	\$ 105
Expenditure #3 Name MCDC Address Main Street Mount Clemens, MI 48043 ☐ Fund Raiser	Purpose: flyer ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/28/20 Date	\$ 250
Expenditure #4 Name Office Depot Address Schoenherr Road Sterling Heights, MI ☐ Fund Raiser	Purpose: printing needs ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/19/20 Date	\$ 290.57
Expenditure #5 Name Office Depot Address Schoenherr Road Sterling Heights, MI ☐ Fund Raiser	Purpose: ink, paper ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/09/20 Date	\$ 131.39

Subtotal this page **\$2,526.96**

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 **Joie 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 Mass Mailing, LLC Address 35468 Mound Road Sterling Heights, MI 48310 ☐ Fund Raiser	Purpose: mailhouse services ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/05/20 Date	\$ 551.18
Expenditure #2 Name Sawicki and Sons Address Lafayette Blvd Detroit, MI ☐ Fund Raiser	Purpose: signs ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/30/20 Date	\$ 425.98
Expenditure #3 Name Juan Miguel's Address 21342 Hall Road Clinton Township, MI 48038 ☐ Fund Raiser	Purpose: fundraiser ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/29/20 Date	\$ 250.00
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 **\$1,227.16**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$9,122.57**

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 6 minus Item 8) ☐ FORGIVEN
Debt #1 Corp? ☐ Yes Owed to or by: 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 Corp? ☐ Yes Owed to or by: 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 Corp? ☐ Yes Owed to or by: 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)

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 137492
2. Committee Name Joie West for Trustee

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

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137492
2. Committee Name JOIE WEST FOR TRUSTEE

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>09/29/20</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>32</u>	5. Type of Fund Raising Activity <u>Taco Tuesday</u>	6. Address and Name (If any) of the place where the activity was held. <u>Juan Miguel's</u> <u>21342 Hall Rd</u> <u>Clinton Twp, MI 48038</u> ☐ Private Residence
---	---	---	---

7. Total Contributions \$2,910.00

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) _____

10. Total Cost of Event \$250.00
(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.