



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

FILED 2021 OCT 29 AM 8:54
MACOMB COUNTY CLERK

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.

3. This Statement covers From: 9/3/21 to 10/22/21

1. Committee I.D. Number

140078

4. Candidate Last Name First Name M.I.

Turner Lawanda R

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

4b. County of Residence

2. Committee Name

The Friends of Lawanda

5. Committee's Mailing Address

PO Box 242
St. Clair Shores, MI 48082

6. Treasurer's Name & Residential Address

Lawanda Turner
21216 E 13 Mile Rd.
St. Clair Shores, MI 48082

Area Code and Phone (586) 933-5971

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.

Area Code & Phone (586) 933-5971

7. Treasurer's Business Address

PO Box 242
St. Clair Shores, MI 48082

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

Area Code and Phone (586) 933-5971

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

11/2/21

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 Lawanda Turner

Type or Print Name

Lawanda Turner

Signature

Date 10/22/21

Candidate Lawanda Turner

Type or Print Name

Lawanda Turner

Signature

Date 10/22/21



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

1. Committee I.D. Number 140028

2. Committee Name The Friends of Lawanda Turner

**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>165.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>165.00</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>165.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>2938.78</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	_____	(22.) \$ _____
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>1141.20</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>1141.20</u>	(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.) \$	<u>2115.58</u>	
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>968.50</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>165.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>1133.50</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>1141.20</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>-7.70</u>	*



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140028
2. Committee Name The Friends of Lawanda Turner

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>9/29/21</u> Name & Address: Jackie Kelly Warren, MI		\$ <u>20.00</u>	\$ <u>20.00</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>9/25/21</u> Name & Address: Nancy Duemling 20776 Moxon Dr. Clinton Township, MI 48036		\$ <u>20.00</u>	\$ <u>20.00</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>9/25/21</u> Name & Address: Helen Springer 24647 Springer Lane Harrison Township, MI 48045		\$ <u>20.00</u>	\$ <u>20.00</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>9/25/21</u> Name & Address: Syma Echeandia 47254 Warwick Ct Shelby Township, MI 4315		\$ <u>5.00</u>	\$ <u>5.00</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 **65.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **165.00**

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140028

2. Committee Name The Friends of Lawanda Turner

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>9/3/21</u> Name & Address: Birdie Nash 29484 Ashland Ave Apt 103 Harrison Township, 48045		\$ <u>30.00</u>	\$ <u>30.00</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>9/3/21</u> Name & Address: Nina Abrams 12959 Talbot Lane Huntington Woods, MI 48070		\$ <u>50.00</u>	\$ <u>50.00</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>9/25/21</u> Name & Address: Ruthie Stevens 69 Beyne St Mount Clemens, MI 48043		\$ <u>10.00</u>	\$ <u>10.00</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>9/25/21</u> Name & Address: James Thomas 11116 Cadillac Ave Warren, MI 48089		\$ <u>10.00</u>	\$ <u>10.00</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 **100.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **165.00**

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 140028

CANDIDATE COMMITTEE

2. Committee Name The Friends of Lawanda Turner

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 <u>all</u> 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: Lawanda Turner PO Box 242 St. Clair Shore, MI 48080 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: Great Lakes Real Estate 330 Stratford Lane Lake Orion, MI 48360 ☐ 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>mailers</u> 5. Date Of Receipt: <u>10/12/21</u> 6. Vendor Name & Address: Mass Mailing 35468 Mound Rd Sterling Heights, MI 48310 Click Here for Memo Itemization	\$ <u>2115.58</u>	\$ <u>2115.58</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: Lawanda Turner PO Box 242 St. Clair Shores, MI 48080 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: Great Lakes Real Estate 330 Stratford Lane Lake Orion, MI 48360 ☐ 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: <u>10/7/21</u> 6. Vendor Name & Address: All Pro Color Click Here for Memo Itemization	\$ <u>613.70</u>	\$ <u>2729.28</u>
Contribution #3 PAC Receipt? ☐ Yes Name & Address: Lawanda Turner PO Box 242 St. Clair Shores, MI 48080 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: Great Lakes Real Estate 330 Stratford Lane Lake Orion, MI 48360 ☐ 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>Committee Sponsorship for ad</u> 5. Date Of Receipt: <u>10/1/21</u> 6. Vendor Name & Address: Lac St. Clair Kiwanis Club St. Clair Shores, MI 48080 Click Here for Memo Itemization	\$ <u>75.00</u>	\$ <u>2804.28</u>
Page Subtotal		2804.28	2804.28

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

2938.78

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 140028

CANDIDATE COMMITTEE

2. Committee Name The Friends of Lawanda Turner

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 <u>all</u> 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: Lawanda Turner PO Box 242 St. Clair Shores, MI 48080 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: Great Lakes Real Estate 330 Stratford Lane Lake Orion, MI 48360 ☐ 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>stamps</u> 5. Date Of Receipt: <u>10/9/21</u> 6. Vendor Name & Address: USPS 30550 Gratiot Ave. Roseville, MI 48066 Click Here for Memo Itemization	\$ <u>134.50</u>	\$ <u>2804.28</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: 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 _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: Click Here for Memo Itemization		
Contribution #3 PAC Receipt? ☐ Yes Name & Address: 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 _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: Click Here for Memo Itemization		

Page Subtotal

134.50

2804.28

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

2938.78

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 140028
2. Committee Name The Friends of Lawanda Turner

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PNC Bank Address 24612 Harper Ave. St. Clair Shores, MI 48080 ☐ Fund Raiser	Purpose: Bank Service Charge ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	9/1/21 Date	\$ 2.00
Expenditure #2 Name All Pro Color Address 20750 Chesley St Farmington, MI 48336 ☐ Fund Raiser	Purpose: Flyers ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	9/15/21 Date	\$ 69.63
Expenditure #3 Name Fish USA Address 6960 W Ridge Rd Fairview, PA 16415 ☐ Fund Raiser	Purpose: Fraudulent Transaction ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	9/16/21 Date	\$ 540.58
Expenditure #4 Name FedEx Address 31980 Gratiot Ave Roseville, MI 48066 ☐ Fund Raiser	Purpose: letter head paper ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	9/17/21 Date	\$ 66.25
Expenditure #5 Name All Pro Color Address 20750 Chesley St Farmington, MI 48336 ☐ Fund Raiser	Purpose: flyers ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	9/22/21 Date	\$ 344.74

Subtotal this page **1023.20**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **1141.20**

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140028
2. Committee Name The Friends of Lawanda Turner

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name USPS Address 23125 Greater Mack Ave. St. Clair Shores ☐ Fund Raiser	Purpose: <u>stamps</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/27/21</u> Date	<u>\$ 80.00</u>
Expenditure #2 Name PNC Address 24612 Harper Ave St. Clair Shores, MI 48080 ☐ Fund Raiser	Purpose: <u>overdraft fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/28/21</u> Date	<u>\$ 36.00</u>
Expenditure #3 Name PNC Address 24612 Harper Ave St. Clair Shores, MI 48080 ☐ Fund Raiser	Purpose: <u>bank service fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/1/21</u> Date	<u>\$ 2.00</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 **118.00**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **1141.20**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140028

2. Committee Name The Friends of Lawanda Turner

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: Lawanda Turner PO Box 242 St. Clair Shores, MI 48082	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10/12/21</u> 6. <u>Original Amount of Debt:</u> \$ <u>2115.58</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>2115.58</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
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt)

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