



**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 140078 2. Committee Name The Friends of Lawanda Turner		3. This Statement covers From: <u>10/23/2021</u> to <u>11/22/2021</u> 4. Candidate Last Name <u>Turner</u> First Name <u>Lawanda</u> M.I. <u>R</u> 4a. Office Sought Including District # or Community Served (If applicable) 4b. County of Residence MACOMB ☒	
5. Committee's Mailing Address PO Box 242 St. Clair Shores, MI 48080 Area Code and Phone <u>(586) 933-5971</u> 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 Lawanda Turner 21216 E 13 Mile Rd St. Clair Shores, MI 48082 Area Code & Phone <u>(586) 933-5971</u>	
7. Treasurer's Business Address PO Box 242 St. Clair Shores, MI 48080 Area Code and Phone <u>(586) 933-5971</u>		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) 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 <u>11/02/2021</u>		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 hereby 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 <u>Lawanda Turner</u> Type or Print Name		Signature _____ Date <u>12/2/21</u>	
Candidate <u>Lawanda Turner</u> Type or Print Name		Signature _____ Date <u>12/2/21</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140078

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name The Friends of Lawanda Turner

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2,300.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$2,300.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$576.58</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$2,876.58</u>	(20.) \$ _____
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.) \$ <u>\$252.90</u>	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$1,325.20</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$784.61</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$2,109.81</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>\$1,115.86</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>-\$7.70</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$2,876.58</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$2,868.88</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$2,109.81</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$759.07</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140078
2. Committee Name Committee To Elect John Smith

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>10/25/2021</u> Name & Address: <u>David Micallef</u> <u>22419 Alger Street</u> <u>St. Clair Shores, MI</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Fire Fighter/EMT</u> Employer <u>City of Livonia Fire Fighter</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>10/27/2021</u> Name & Address: <u>GMAR</u> <u>720 N. Washington Ave</u> <u>Lansing, Michigan 48906</u>		\$ <u>200.00</u>	\$ <u>200.00</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>11/01/2021</u> Name & Address: <u>UAW</u> <u>27800 George Merrelli, Dr.</u> <u>Warren, MI 48092</u>		\$ <u>2000.00</u>	\$ <u>2000</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 _____ Name & Address: _____ _____ _____		\$ _____	\$ _____
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 \$2,300.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) \$2,300.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140078

2. Committee Name The Friends of Lawanda Turner

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: Bank Service Charged	Date of Receipt <u>10/25/2021</u>	☐ Loan from a Lending Institution ☐ Interest ☒ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) <u>fraud refu</u>	\$ <u>36.00</u>
	☐ Fund Raiser		
Receipt #2 Name & Address: Fish USA 6960 W Ridge Rd Fairview, PA 16415	Date of Receipt <u>10/27/2021</u>	☐ Loan from a Lending Institution ☐ Interest ☒ Refund \Rebate Click for Memo Itemization Type ☒ Other (Specify) <u>fraudulent</u>	\$ <u>540.58</u>
	☐ Fund Raiser		
Receipt #3 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
	☐ Fund Raiser		
Receipt #4 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
	☐ Fund Raiser		
Receipt #5 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
	☐ Fund Raiser		
Receipt #6 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
	☐ Fund Raiser		
Receipt #7 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate Click for Memo Itemization Type ☐ Other (Specify) _____	\$ _____
	☐ Fund Raiser		

Page Subtotal **\$576.58**

Grand Total of All Schedules 1A -1
(Complete on last page of Schedule) **\$576.58**

Enter this total on
line 4 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 140078

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: realtor 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>new paper ad</u> 5. Date Of Receipt: _____ 6. Vendor Name & Address: C & G Publishing 13650 11 Mile Rd Warren, MI 48089 Click Here for Memo Itemization	\$ <u>252.90</u>	\$ <u>252.90</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 \$252.90 \$252.90

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) \$252.90

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 140078
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 C & G Publishing Address 13650 11 Mile Rd Warren, MI 48089 ☐ Fund Raiser	Purpose: <u>new paper ad</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/10/2021</u> Date	<u>\$ 313.20</u> Click Here for Memo Itemization Type v
Expenditure #2 Name PNC Address 24612 Harper St. Clair Shores, MI 48081 ☐ Fund Raiser	Purpose: <u>bank fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/2021</u> Date	<u>\$ 12.00</u> Click Here for Memo Itemization Type v
Expenditure #3 Name Lawanda Turner Address PO Box 242 St. Clair Shores, MI 48082 ☐ Fund Raiser	Purpose: <u>repayment of loan</u> ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/17/2021</u> Date	<u>\$ 1000.00</u> Click Here for Memo Itemization Type v
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 v
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 v

Subtotal this page **\$1,325.20**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$1,325.20**

Enter this total
on line 8a of
Summary Page



EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES

SCHEDULE 1 B - G CANDIDATE COMMITTEE

1. Committee I.D. Number 140078

2. Committee Name Committee To Elect John Smith

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The -Vote activity in Item 4f.
ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED

3. Name and address of person or vendor to whom the expenditure was made	4. Type of Activity	5. Date	6. Amount
Expenditure #1 Name & Address: Sharnae Turner	a. ☐ Election Day Busing of Voters To The Polls b. ☐ Slate Cards c. ☐ Challengers d. ☐ Poll Watchers e. ☒ Poll Workers f. ☐ Get-Out-The Vote Activity (Specify):	11/04/2021 Date	\$ 200.00
For Activity Type b-f, check one: ☐ In-Kind ☐ Independent If in support of, or in opposition to, a ballot proposal, check one: ☐ Support ☐ Oppose ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type			
Statewide Proposal Name _____	Local Proposal Name _____	Indicate County _____	
Expenditure #2 Name & Address: April Magee	a. ☐ Election Day Busing of Voters To The Polls b. ☐ Slate Cards c. ☐ Challengers d. ☐ Poll Watchers e. ☒ Poll Workers f. ☒ Get-Out-The Vote Activity (Specify):	11/05/2021 Date	\$ 200.00
For Activity Type b-f, check one: ☐ In-Kind ☐ Independent If in support of, or in opposition to, a ballot proposal, check one: ☐ Support ☐ Oppose ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type			
Statewide Proposal Name _____	Local Proposal Name _____	Indicate County _____	
Expenditure #3 Name & Address: Dean	a. ☐ Election Day Busing of Voters To The Polls b. ☐ Slate Cards c. ☐ Challengers d. ☐ Poll Watchers e. ☒ Poll Workers f. ☐ Get-Out-The Vote Activity (Specify):	_____ Date	\$ 200.00
For Activity Type b-f, check one: ☐ In-Kind ☐ Independent If in support of, or in opposition to, a ballot proposal, check one: ☐ Support ☐ Oppose ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type			
Statewide Proposal Name _____	Local Proposal Name _____	Indicate County _____	

Subtotal this page **\$600.00**

Grand Total of all Schedules 1B-G)
(Complete on last page of Schedule **\$784.61**

Enter total
on Line 8b
Summary Page



EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES

SCHEDULE 1 B - G CANDIDATE COMMITTEE

1. Committee I.D. Number 140078

2. Committee Name Committee To Elect John Smith

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The -Vote activity in Item 4f.
ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED

3. Name and address of person or vendor to whom the expenditure was made	4. Type of Activity	5. Date	6. Amount
Expenditure #1 Name & Address: Tommie Magee	a. ☐ Election Day Busing of Voters To The Polls b. ☐ Slate Cards c. ☐ Challengers d. ☐ Poll Watchers e. ☒ Poll Workers f. ☐ Get-Out-The Vote Activity (Specify): _____	12/02/2021 Date	\$ 184.61
For Activity Type b-f, check one: ☐ In-Kind ☐ Independent If in support of, or in opposition to, a ballot proposal, check one: ☐ Support ☐ Oppose ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____			
Expenditure #2 Name & Address:	a. ☐ Election Day Busing of Voters To The Polls b. ☐ Slate Cards c. ☐ Challengers d. ☐ Poll Watchers e. ☐ Poll Workers f. ☐ Get-Out-The Vote Activity (Specify): _____	_____ Date	\$ _____
For Activity Type b-f, check one: ☐ In-Kind ☐ Independent If in support of, or in opposition to, a ballot proposal, check one: ☐ Support ☐ Oppose ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____			
Expenditure #3 Name & Address:	a. ☐ Election Day Busing of Voters To The Polls b. ☐ Slate Cards c. ☐ Challengers d. ☐ Poll Watchers e. ☐ Poll Workers f. ☐ Get-Out-The Vote Activity (Specify): _____	_____ Date	\$ _____
For Activity Type b-f, check one: ☐ In-Kind ☐ Independent If in support of, or in opposition to, a ballot proposal, check one: ☐ Support ☐ Oppose ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____			

Subtotal this page **\$184.61**

Grand Total of all Schedules 1B-G)
(Complete on last page of Schedule **\$184.61**

Enter total
on Line 8b
Summary Page