MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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: 1-1-10 To 7-18-2010

1. Committee I.D. Number: 135894-50

2. Committee Name: JOAN FLYNN FOR COMMISSIONER

4. Candidate Last Name: FLYNN First Name: JOAN M.I.:

4a. Office Sought Including District # or Community Served (If applicable): COUNTY COMMONISSIONER #3

4b. County of Residence: MACOMB

5. Committee's Mailing Address: 13810 TRAFALGA DR WARREN, MI 48088

Area Code and Phone: 586-774-2689

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: JOHN ADLEMAN 13810 TRAFALGA DR Warren, MI 48088

Area Code & Phone: 586-774-4598

FILED
10 JUL 23 AM 10:54
CAROLYN A. SABAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

7. Treasurer's Business Address: SAME AS ABOVE

Area Code and Phone: 586-774-4598

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper): N/A

Area Code and Phone: _____

9. **TYPE OF STATEMENT**

9a. [X] Pre-Election **OR** 9b. [ ] Post-Election

Pre-Election or Post-Election Statement relates to:

- [X] Primary
- [ ] General
- [ ] Convention
- [ ] School
- [ ] Special
- [ ] Caucus

Date of Election, Convention or Caucus: AUGUST 3, 2010

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

Effective Date of Dissolution

_____

By checking this item, I\We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the $1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.**

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: JOHN ADLEMAN (Type or Print Name) John Adleman (Signature) Date: 7-23-10

Candidate: JOAN E FLYNN (Type or Print Name) Joan E Flynn (Signature) Date: 7-23-10

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 135894-50

SUMMARY PAGE
CANDIDATE COMMITTEE

2. Committee Name JOAN FLYNN FOR COMMISSIONER

	Column I This Period	Column II Cumulative this election cycle
RECEIPTS		
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) $ 5290	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $ 5290	(18.) $
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $	(19.) $
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $ 5290	(20.) $ 10570.-
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.) $ 5954	
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.) $ 5954	(23.) $ 10977
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.) $ 5200.-
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) $ 5200-	
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.) $ 704 -
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $ 5290 -
15. SUBTOTAL Add lines 13 and 14	(15.) = $ 5994 -
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $ 5954 -
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $ 40.- *

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 135894-50

2. Committee Name CTE John Flynn For County Commission

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 2-17-10 Name & Address: James Jacobs, President MCC 11500 12 Mile Rd Warren, MI 48089 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	$ 50 —	$ 100 Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 2-15-10 Name & Address Patricia M. Cilli 22920 Allen Dtcs. MI 48082 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	$ 75 —	$ 150 Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 2-15-10 Name & Address: John R. Axe 21 Kercheval Ste 360 GPF, MI 48236 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	$ 100 —	$ 200 Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 2-15-10 Name & Address Darlene Vasi 942 Hopedale Ln Troy, MI 48085 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	$ 100	$ 200 Click Here for Memo Itemization
	Page Subtotal	325
	Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 135894-50
2. Committee Name CTE Jean Fluvog For County Commissioner

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 2-13-10
Name & Address:
Dominic ABATTE, A.I.A.
2500 Royal View DR
Oakland, MI 48363
$ 100 — $ 900
5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Click Here for Memo Itemization
Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt _____
Name & Address
Thomas Miskell
5016 Stonehenge DR
Rochester, MI 48306
$ 100 — $ 900
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 _____
Name & Address:
Joseph Tasse
45985 N Valley DR
Northville MI 48167-1781
$ 50.— $ 100
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 3-30-10
Name & Address
Irene Moore
13818 Barcroft Way
Warren. MI 48088
$ 50— $ 100
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 $ 300

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 135894-50
2. Committee Name CTE Jean Fluhr For County Commission

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 2-20-10
Name & Address:
Robert Esper
32446 Newcastle Dr
Wat, Mi 48093-6051
$ 50 — $ 100
5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Click Here for Memo Itemization
Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 2-20-10
Name & Address
DR MARGARET Kennard
33336 Jefferson Ave
St C Mi 48082
$ 50 — $ 100
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 2-20-10
Name & Address:
CTE FRAN GILETT
8351 Pamela St
UTICA, MI 48316
$ 50 — $ 100
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 2-20-10
Name & Address
John BierBusse
47147 North Mary Vincent
Romeo, Mi 48065
$ 50 — $ 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

Page Subtotal 200

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 125894-50
2. Committee Name CTE Jean Fitzner For County Commission

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 2-20-10
Name & Address:
Patricia S Naski
49585 Regatta St
Chesterfield, MI 48047
$ 100 - $ 150
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 2-23-10
Name & Address
Roy G Rose
55620 Woodridge Dr
Shelby Twp, MI 48316
$ 50 - $ 100
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 2-25-10
Name & Address:
GCSF 21st Century PAC
3711 Beechtree Land
Okemos, MI 48864
$ 50 - $ 100
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 2-25-10
Name & Address
Lorenzo Carabiere
30078 Schoenherr Ste 300
Warren, MI 48088
$ 50 - $ 100
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 $ 250

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 125894-50
2. Committee Name CTE James Flynn For County Commission

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 2-28-10
Name & Address:
GeBRAN S. ANTON
79 MACOMB PLACE
Mount Clemens, MI 48043
$ 50 $ 100
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 3-3-10
Name & Address
HAZEL CHRISTIAN-Riviere
11621 ELLY Court
Warren, MI 48093
$ 25.- $ 50
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 3-1-10
Name & Address:
Pipe Fitter Local 636 PPAC
30100 Northwestern Hwy
Farmington Hills, MI 48334
$ 100 $ 900
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 3-1-10
Name & Address
DAVID FLYNN
8641 HICKORY ST.
Sterling Hts, MI 48312
$ 50 $ 100
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 $ 225

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 135894-50
2. Committee Name CTE Jean Fitzsimmons For County Commissioner

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 3-1-10
Name & Address:
CARL Galeana
46538 Shelly Pond Dr
Northville, MI 48168

$ 100 $ —

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 3-5-10
Name & Address
Kathy Jean Jordon
29012 Red Maple
Warren, 48092

$ 50 $ 100

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 3-8-10
Name & Address:
EDWARD FORRY
11041 Berwick ST
Livonia, MI 48150

$ 100 $ 200

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 3-10-10
Name & Address
Committee for Responsible Govern
5802 Vinet Trail
Shelby Twp 48316

$ 100 $ 200

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 1350

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 125894-50
2. Committee Name CFE Jews Elect Southfield Commission

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 3-16-10
Name & Address:
J Schroth
95 Tonnan Court Pl
Grosse Pointe Farms, MI 48236
5. If over $100.00 cumulative, please provide: $ 50.00 $ —
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 _____
Name & Address
Emilie A DeHaff
11125 Mae Ave
WR, MI 48089
5. If over $100.00 cumulative, please provide: $ 25.00 $ —
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 3-16-10
Name & Address
Lou Burdi
4901 N Grand Oaks Dr
WR MI 48092
5. If over $100.00 cumulative, please provide: $ 100.00 $ 200
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 3-16-10
Name & Address
Rosemarie Flynn
37288 Weymouth Dr
Livonia MI 48152
5. If over $100.00 cumulative, please provide: $ 200.00 $ 400
Occupation _____ Employer _____ Click Here for Memo Itemization
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal 375.00
General Total of All Schedules 1A (Complete on last page of Schedule 1A)
Enter this total on line 3a of Summary Page.

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 135894-50
2. Committee Name CTE Jean Fluton For County Commissioner

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 3-16-10
Name & Address:
Rosemarie Gattari
27254 Marilyn
Warren MI 48093
5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser
$ 25.— $ —
Click Here for Memo Itemization

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 3-15-10
Name & Address
Jan Wilson
1860 Buttonwood
Troy, MI 48026
5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser
$ 50 $ 100
Click Here for Memo Itemization

3. Contribution # 3 PAC Receipt? ☒ YES 4. Date of Receipt 3-15-10
Name & Address:
VA Plumbers Union Local 98
555 Horace Brown Dr
Madison Heights, MI 48071
5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser
$ 100.00 $ 200
Click Here for Memo Itemization

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 3-16-10
Name & Address
Barbara Diclementi
20213 Avalon St
St Clair Shores MI 48080
5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser
$ 150.00 $ 250 —
Click Here for Memo Itemization

Page Subtotal 325.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 135894-50
2. Committee Name CTE Jean Fitzsimmons For County Commissioner

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 3-16-10
Name & Address:
Radwan Baiz
22339 Schoenherr Rd
UR, MI 48089
5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser
$ 50.00 $ —
Click Here for Memo Itemization

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 3-16-10
Name & Address
Jere Green
14255 Weier
UR, MI 48088
5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser
$ 100.00 $ —
Click Here for Memo Itemization

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 3-16-10
Name & Address:
Frank Baldalamente
32056 Margaret Ct
UR MI 48093
5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser
$ 25.00 $ —
Click Here for Memo Itemization

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 3-16-10
Name & Address
B J Molloy
63 Touraine Rd
Grosse Pointe, MI 48236
5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser
$ 50.00 $ —
Click Here for Memo Itemization

Page Subtotal 225.00

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 125894-50

2. Committee Name SOS Jesse Flores For County Commissioner

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 # / Name & Address	PAC Receipt?	4. Date of Receipt	5. If over $100.00 cumulative, please provide:	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
1 Roger Roy 28257 Amanda Dr WR MI 48088	☐ YES	3-16-10	Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	$ 50.00 Click Here for Memo Itemization	$ —
2 Clarice M Squillace 43432 Pendleton Cir Sterling Height MI 48313	☐ YES	3-16-10	Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	$ 50.00 Click Here for Memo Itemization	$ 160
3 Dr Cecile Becker 21035 Balfour St Clinton Township MI 48036	☐ YES	3-16-10	Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	$ 50.00 Click Here for Memo Itemization	$ —
4 Lentine Mortgage Investment Co 29377 Hoover Rd WR-MI 48093	☐ YES	3-16-10	Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	$ 200.00 Click Here for Memo Itemization	$ —

Page Subtotal $ 350.00

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

Enter this total on line 4a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 125894-50

2. Committee Name STE Jean Fletcher For County Commissioner

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.

5. Amount	7. Committee for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES **4. Date of Receipt** 3-20-10

Name & Address:
MARK Messing
3504 Marlene DR
Warren, MI 48092

$ 50 — $ —

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** 3-20-10

Name & Address:
Hank Ribeiro
2899 E. Big Beaver
Troy, MI 48083

$ 100 — $ 300

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** 3-20-10

Name & Address:
NANCY MacLellan
29350 Jefferson Ave
SCS, MI 48081

$ 100 $ 300

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** 3-28-2010

Name & Address:
James A. Pawlun
22680 Bayview DR
SCS, MI 48081

$ 50 $ 100

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 $ 300

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

Enter this total on line 9a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 125894-50

2. Committee Name CTE Jess Flowers For County Commissioner

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 3-28-10 Name & Address: WMI PAC of Mi 48997 Alpha St 100 Wixom, Mi 48393 5. If over $100.00 cumulative, please provide: Occupation Business Manager Employer WMI Business Address Same as above Type of Contribution: ☑ Direct ☐ Loan from a person ☑ Fund Raiser Click Here for Memo Itemization	$ 200	$ 400
3. Contribution #2 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	$	$
3. Contribution #3 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	$	$
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 $ 200

Grand Total of All Schedules 1A (Complete on last page of Schedule) $ 34,550.00

Enter this total on line 9a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 123894-50

2. Committee Name CTE Jean Fitton For County Commissioner

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 6-26-10 Name & Address: U. A. Plumbers Union Local 98 PAC Fun 555 Horace Brown Dr Madison Hgts, Mi 48071 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	$ 100 — $ 300 Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 6-28-2010 Name & Address NANCY HAIRCRAFTER 32849 HAYES WARREN, MI 48088 6. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	$ 40 $ _____ Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 6-30-2010 Name & Address: Louise LIPPARD 26560 Burg Rd Bldg B APT 122 Warren 48089 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	$ 50 $ _____ Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 6-6-10 Name & Address JUDITH BONION 1000 NEW JERSEY STE APT 1107 WASHINGTON, DC 20003 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	$ 100 $ _____ Click Here for Memo Itemization	

Page Subtotal $ 290

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number: 123894-50
2. Committee Name: CTE Jews Flyer For County Commissioner

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: 6-23-10
Name & Address:
Richard Palmer
11295 Tara Dr
Warren, Mi 48093
5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser
$ 25.— $ _____
Click Here for Memo Itemization

3. Contribution #2 — PAC Receipt? ☐ YES — 4. Date of Receipt: 6-23-10
Name & Address:
Edward Barley
38157 Radde
Clinton Twp, Mi 48036
5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser
$ 35 $ _____
Click Here for Memo Itemization

3. Contribution #3 — PAC Receipt? ☐ YES — 4. Date of Receipt: 6-22-10
Name & Address:
John Simon
24645 Peterburg
East Pointe, Mi 48
5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser
$ 50 $ _____
Click Here for Memo Itemization

3. Contribution #4 — PAC Receipt? ☐ YES — 4. Date of Receipt: 6-23-10
Name & Address:
Barbara DiClementi
20213 Avalon
Scs, Mi 48080
5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser
$ 100.— $ 350
Click Here for Memo Itemization

Page Subtotal: 210

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 125894-50

2. Committee Name CTE Jean Fleming For County Commission

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 6-22-10

Name & Address:
Margaret Kennard
33336 Jefferson Ave
St Clair Shores, MI 48082

$ 35.00 | $ 135

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 6-22-10

Name & Address
James Pawlyn
22680 Bay View Dr
St Clair Shores MI 48081

$ 35.— | $ 135

6. 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 6-22-10

Name & Address:
Michael Bessenbery
28613 Jane
St Clair Shores, MI 48081

$ 100.— | $ _____

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 6-22-10

Name & Address
DAVID GASSEN
403 Wilcox ST
Rochester, MI 48307

$ 35.— | $ _____

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 $ 305

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

1. Committee I.D. Number 135894-50

2. If Corporation is Non-Michigan, 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** 6-20-10

Name & Address:
Dominic ABBATE
2500 Royal View DR
OAKLAND, MI 48363

$ 35.00 $ 235

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** 6-20-2010

Name & Address
Laurie Kinch
22757 Irwin Rd
Armada, MI 48005

$ 70 — $ _____

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** 6-22-10

Name & Address:
Thomas Romback
43597 Hillsboro Dr
Clinton Twp MI 48038

$ 35. $ _____

3. 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

. Contribution # 4 PAC Receipt? ☐ YES **4. Date of Receipt** 6-22-10

lame & Address
Betty Slinde
26740 Roberta
Roseville, MI 48066

. 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 175 —

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

1. Committee I.D. Number 135894-50

2. If 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** 6-12-2010
Name & Address:
Lesia Liss
27472 Haverhill Dr
Warren, Mi 48092
5. If over $100.00 cumulative, please provide:
$ 100 $ —
Occupation _____ Employer _____
Business Address _____
Click Here for Memo Itemization
Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES **4. Date of Receipt** 6-24-2010
Name & Address
Toni Moceri
29384 Dequindre APT 201
Warren, Mi 48092
5. If over $100.00 cumulative, please provide:
$ 35.— $
Occupation _____ Employer _____
Business Address _____
Click Here for Memo Itemization
Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES **4. Date of Receipt** 6-14-10
Name & Address:
Roy Rose
55620 Woodridge DR
Shelby Twp, Mi 48316
5. If over $100.00 cumulative, please provide:
$ 50— $ 150
Occupation _____ Employer _____
Business Address _____
Click Here for Memo Itemization
Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

. Contribution #4 PAC Receipt? ☐ YES **4. Date of Receipt** 6-14-10
lame & Address
Rick Flynn
43225 Chardonnay DR
Sterling Hgts, Mi 48314-1857
. If over $100.00 cumulative, please provide:
$ 50— $
Occupation _____ Employer _____
Business Address _____
Click Here for Memo Itemization
Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser

Page Subtotal $ 235—

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

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 125894-50
2. Committee Name CTE Jean Fitzsimmons For County Commission

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 6-4-10 Name & Address: John R. Axe 21 Kercheval Ave Ste 360 GPF, MI 48236 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	$ 35.00	$ 235
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 6-10-10 Name & Address Russell Flynn 37289 Weymouth Dr Livonia, MI 48162 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	$ 200.00	$ 400
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 6-10-10 Name & Address: Patricia Crilli 23920 Alcon StCS, MI 48082 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	$ 70.00	$ 220
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 6-10-10 Name & Address Antony Morrocco Victory PAC P.O. Box 665 Mt. Clemens, MI 48046 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	$ 35.00	$

Page Subtotal: 340

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

Enter this total on line 6a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 125894-50
2. Committee Name CTE Jean Fluen For County Commission

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** 6-4-10
Name & Address:
DARlene VASI
1942 Hopedale DR
TROY, MI 48084

5. If over $100.00 cumulative, please provide: $100.- $300

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** 6-4-10
Name & Address
LEO J. SALVAGGIO
27900 HARPER
STCS, MI 48081

6. If over $100.00 cumulative, please provide: $35.- $

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** 6-10-10
Name & Address:
DR. CARL BECKER
21035 BALFOUR
CLINTON TWP, MI 48036

5. If over $100.00 cumulative, please provide: $35.- $85

Occupation _____ Employer _____ Click Here for Memo Itemization

Business Address _____

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

1. Contribution #4 PAC Receipt? ☐ YES **4. Date of Receipt** 6-3-10
Name & Address
CTE FRANK MAISANO
26740 BARBARY
Roseville, MI 48066

5. If over $100.00 cumulative, please provide: $35 $

Occupation _____ Employer _____ Click Here for Memo Itemization

Business Address _____

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

Page Subtotal: 205

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

Enter this total on line 6a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 125894-50

2. Committee Name CTE Jones Flynn For County Commission

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** 6-10-10

Name & Address:
Michelle DeBeaussaert
39856 Brylor Ct
Clinton Twp, Mi 48038

$ 35.- $ _____

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** 9-12-10

Name & Address
Patricia Naski
49585 Regatta St
Chesterfield, Mi 48047

$ 100.- $ 250

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** 6-10-10

Name & Address:
Dana Gike
37569 Raddle St
Clinton Twp, Mi 48036

$ 35- $ _____

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** 6-12-10

Name & Address
John Bier Busse
47147 North Mary Grace Court
Romeo, Mi 48065

$ 35- $ 110

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 205

Grand Total of All Schedules 1A (Complete on last page of Schedule) $1,865.00

Enter this total on line 3a of Summary Page.

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 135894-50

2. Committee Name JOAN FLYNN FOR COMMISSIONER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name POSTMASTER Address Mound & 12 Mile WARREN ☑ Fund Raiser MARCH	Purpose: STAMPS FOR DINNER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	2-5-10	$ 88
Expenditure #2 Name Macomb Homeless Address P.O. Box 856 Mt Clemens, 48046 ☐ Fund Raiser	Purpose: Dues ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	1-6-10	$ 25
Expenditure #3 Name Renee LeBlanc Address 22420 Trumbly SCS, MI 48081 ☑ Fund Raiser MARCH	Purpose Flyer + Tickets Fundraiser ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	2-5-10	$ 150
Expenditure #4 Name Resolution Center Address 1765 MAIN ST STE 2 Mt. Clemens, MI 48043 ☐ Fund Raiser	Purpose: Fundraiser ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	2-20-10	$ 80
Expenditure #5 Name STATE of The County MACOMB C Hamber Address 4200 Sea Ray Dr Harrison Twp, MI 48045 ☐ Fund Raiser	Purpose: 4 Tickets ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	2-28-10	$ 110

Click Here for Memo Itemization Type

Subtotal this page 453.00

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 135894-50

2. Committee Name JOAN FLYNN FOR COMMISSIONER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MCWCA Rayot Hope Address P.O. Box 53 Roseville, Mi 48066 ☐ Fund Raiser	Purpose: ad ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	2-28-10 Date Click Here for Memo Itemization Type	$ 50
Expenditure #2 Name NATHIE NAPOKITAN Address 32056 MARGARET ct Warren Mi 48093 ☐ Fund Raiser	Purpose: Donation for College ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	2-27-10 Date Click Here for Memo Itemization Type	$ 25
Expenditure #3 Name American/Polish Century Club Address Hoover + 14 Mile Sterling Hgts. ☑ Fund Raiser MARCH	Purpose: Fundraiser Dinner ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	3-16-10 Date Click Here for Memo Itemization Type	$ 1300.95
Expenditure #4 Name MACOMB County Treasurer Address 10 Main Street Mt. Clemens, Mi ☐ Fund Raiser	Purpose: Registration ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	3-17-10 Date Click Here for Memo Itemization Type	$ 100
Expenditure #5 Name Warren Postmaster Address Mound + 12 Mile Warren, Mi 48092 ☑ Fund Raiser MARCH	Purpose: Stamp-thank you ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	3-30-10 Date Click Here for Memo Itemization Type	$ 88

Subtotal this page 1563.95

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 135894-50

2. Committee Name JOAN FLYNN FOR COMMISSIONER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name American Polish Club Address 33204 Maple Lane Sterling Hgts, MI 48312 ☐ Fund Raiser	Purpose: Admin Paper ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	4/1/10	$ 60 Click Here for Memo Itemization Type
Expenditure #2 Name Eight Mile Blvd Ass Address 1321 West 9 Mile Det, MI 48203 ☐ Fund Raiser	Purpose: Ticket Donation ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	4-1-10	$ 88 Click Here for Memo Itemization Type
Expenditure #3 Name Patrick Bosserberg Address 568 Fernie G.P.W., MI 48236 ☐ Fund Raiser	Purpose: Seeds for Campaign ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	4-9-10	$ 100 Click Here for Memo Itemization Type
Expenditure #4 Name MDWCC Address 19432 Birmingham Det, MI 48203 ☐ Fund Raiser	Purpose: Dem Luncheon ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	4-9-10	$ 100 Click Here for Memo Itemization Type
Expenditure #5 Name Ann Klein Address 20500 Fenton Det, MI 48219 ☐ Fund Raiser	Purpose: Seeds for Campaign ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	4-9-10	$ 125 Click Here for Memo Itemization Type

Subtotal this page 473.00

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 135894-50

2. Committee Name JOAN FLYNN FOR COMMISSIONER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FACS Address 43843 Romeo Plank Rd Clinton Twp, MI 48038 ☐ Fund Raiser	Purpose: Ad for 3 months ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	4-20-10 Date Click Here for Memo Itemization Type	$ 150
Expenditure #2 Name CRUSIN BAPTIST Sue Rebrup Address 24405 Beechut EASTPOINTE, MI 48021 ☐ Fund Raiser	Purpose: ADW Program ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	4-25-10 Date Click Here for Memo Itemization Type	$ 75
Expenditure #3 Name WARREN POSTMASTER Address Mound & 12 Mile Rd Warren, MI ☑ Fund Raiser June	Purpose: STAMPS, Funeral in June PIZZA - THANK YOU ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	5-25-10 Date Click Here for Memo Itemization Type	$ 132
Expenditure #4 Name SAM's Club Address FARMINGTON HILL, MI ☐ Fund Raiser	Purpose: Candy For Parades in EASTPOINTE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	5-26-10 Date Click Here for Memo Itemization Type	$ 77
Expenditure #5 Name Lodge ELKS Address Schoenherr FRA20 Warren, MI ☑ Fund Raiser June	Purpose: Rent Hall + Benny ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	5-25-10 Date 6-16-10 Click Here for Memo Itemization Type	$ 100 127.95

Subtotal this page 662.95

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 135894-50

2. Committee Name JOAN FLYNN FOR COMMISSIONER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name P.P.C Box 6249 Address EAST LANSING, MI 48826 ☐ Fund Raiser	Purpose WALKING CARD MAILING LIST ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	5-25-10 6-26-10 Click Here for Memo Itemization Type	$264.08 157.00
Expenditure #2 Name MASSMAILING Address 3546P Mound Rd Sterling Hgts, MI 48310 ☐ Fund Raiser	Purpose: MAILING ELECTION Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	6-30-10 Date	$1117.25
Expenditure #3 Name MASS MAILING Address 3546P Mound Rd Sterling Hgts, MI 48310 ☐ Fund Raiser	Purpose: Mailing election Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	7-11-10 Date	$1,124.85
Expenditure #4 Name Centerline Democrats Address 31946 Lorie Warren, MI 48093 ☐ Fund Raiser	Purpose: Dinner Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	7-13-10 Date	$80
Expenditure #5 Name Roseville/Eastpointe Chamber Address 21238 Gratiot EASTPOINTE, MI 48021 ☐ Fund Raiser	Purpose: Dues Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	7-12-10 Date	$75

Subtotal this page $2771.18

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 135894-50

2. Committee Name JOAN FLYNN FOR COMMISSIONER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Macomb Chamber Address IACC Romeo PLANK Road CLINTON Twp. ☐ Fund Raiser	Purpose: Lunch-Debate ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	9-12-10	$ 30
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement 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 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 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 Click Here for Memo Itemization Type	_____	$ _____

Subtotal this page $30.00

Grand Total of all Schedules 1B (Complete on last page of Schedule) $5954.98

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 138894-50

CTE
2. Committee Name JOAN FLYNN for County Commission

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 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: JOAN FLYNN 13810 TRAFALGA DR WARREN, MI 48088	4. Type: LOAN 5. Date Debt Was Incurred: 4-29-08 6. Original Amount of Debt: $ 1000	$ ____ $ ____ $ ____ $ ____ $ ____	$ ____	$ 1000 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: ____ Amount Endorsed: $ ____				
Debt #2 Corp? ☐ Yes Owed to or by: JOHN ADLEMAN 13810 TRAFALGA DR WARREN, MI 48088	4. Type: LOAN 5. Date Debt Was Incurred: 6-13-08 6. Original Amount of Debt: $ 2,000.00	$ ____ $ ____ $ ____ $ ____ $ ____	$ ____	$ 2000 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: ____ Amount Endorsed: $ ____				
Debt #3 Corp? ☐ Yes Owed to or by: JOHN ADLEMAN 13810 TRAFALGA WARREN, MI 48088	4. Type: LOAN 5. Date Debt Was Incurred: 12-07 6. Original Amount of Debt: $ 1200	$ ____ $ ____ $ ____ $ ____ $ ____	$ ____	$ 1200 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: ____ Amount Endorsed: $ ____				

Page Subtotal (Outstanding debt) $ 4,200

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 135894-50

2. Committee Name CTE JOAN FLYNN for COUNTY COMMISSIONER

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 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: JOAN FLYNN 13810 TRAFALGAR DR WARREN, MI 48088	4. Type: LOAN 5. Date Debt Was Incurred: 12-07-09 6. Original Amount of Debt: $1,000.	$ ____ $ ____ $ ____ $ ____ $ ____	$ ____	$ 1,000 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: ____ Amount Endorsed: $ ____				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: ____ 5. Date Debt Was Incurred: ____ 6. Original Amount of Debt: $ ____	$ ____ $ ____ $ ____ $ ____ $ ____	$ ____	$ ____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: ____ Amount Endorsed: $ ____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: ____ 5. Date Debt Was Incurred: ____ 6. Original Amount of Debt: $ ____	$ ____ $ ____ $ ____ $ ____ $ ____	$ ____	$ ____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: ____ Amount Endorsed: $ ____				

Page Subtotal (Outstanding debt) $ 1,000

Grand Total of all Schedules 1E $ 5200
(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

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee I.D. Number 135894-50

2. Committee Name JOAN FLYNN FOR COMMISSIONER

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held.
MARCH 1st - 2010	65	DINNER	POLISH AMERICAN CULTURAL CENTER CLUB HOOVER + 14 Mile ☐ Private Residence

7. Total Contributions $3,525.00

8. Other Receipts

9. Gross Receipts (Add lines 7 and 8) $3525.00

10. Total Cost of Event $1,626.95
(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.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee I.D. Number 135894-50

2. Committee Name JOAN FLYNN FOR COMMISSIONER

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held	4. Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held.
JUNE 16-2010	95	PIZZA PARTY	ELK Club Schuchen + Frazo WARREN ☐ Private Residence

7. Total Contributions $1,865

8. Other Receipts

9. Gross Receipts (Add lines 7 and 8) $1,865

10. Total Cost of Event $360.95
(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.