



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

11 JAN 28 PM 12:25

CARHELLA SABAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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**CANDIDATE COMMITTEE
COVER PAGE**

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 135784-50		3. This Statement covers From: 01/10/10 to 12/31/10	
2. Committee Name ERNEST HORNUNG FOR CLINTON TWP TRUSTEE COMM.		4. Candidate Last Name HORNUNG First Name ERNEST M.I. O 4a. Office Sought Including District # or Community Served (If applicable) CLINTON TOWNSHIP TRUSTEE 4b. County of Residence MACOMB	
5. Committee's Mailing Address 15663 STOCKTON CLINTON TWP., MI 48038 Area Code and Phone _____ <small>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.</small>		6. Treasurer's Name & Residential Address PATRICIA HORNUNG 15663 STOCKTON CLINTON TWP., MI 48038 Area Code & Phone (586) 286-9682	
7. Treasurer's Business Address 15663 STOCKTON CLINTON TWP., MI 48038 Area Code and Phone _____		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone _____	
9. TYPE OF STATEMENT			
9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus _____		9c. <input checked="" type="checkbox"/> Annual Statement (2010 Coverage Year) 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> 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.	
<small>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.</small>			
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 PATRICIA HORNUNG Type or Print Name Signature Date 1-27-11			
Candidate ERNEST HORNUNG Type or Print Name Signature Date 1-27-11			



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 135784-50

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name ERNEST HORNUNG FOR CLINTON TWP. TRUSTEE COMM.

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>5,347.50</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>5,347.50</u>	(18.) \$ <u>\$10,687.50</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$5,347.50</u>	(20.) \$ <u>\$10,687.50</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ <u>\$44.72</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$712.47</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>\$712.47</u>	(23.) \$ <u>\$2,109.92</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$16,797.43</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>\$14,743.45</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$5,347.50</u>	
	(15.) = \$ <u>\$20,090.95</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$712.47</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$19,375.48</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135784-50
2. Committee Name ERNEST H. GANUN FOR CLINTON TWP. TRUSTEE COMM.

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? <input type="checkbox"/> YES	4. Date of Receipt <u>03/02/10</u>	
Name & Address: DOMINIC ABBATE 2500 ROYAL VIEW DR. OAKLAND, MI 48363		\$ <u>50.00</u>	\$ <u>105.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ARCHITECT</u> Employer <u>SELF</u> Business Address <u>30500 VAN DYKE, WARREN MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/21/10</u>	
Name & Address: DOMINIC ABBATE 2500 ROYAL VIEW DR. OAKLAND, MI 48360		\$ <u>30.00</u>	\$ <u>135.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ARCHITECT</u> Employer <u>SELF</u> Business Address <u>30500 VAN DYKE, WARREN, MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/20/10</u>	
Name & Address: GARY ALESSANDRO 28135 GROESBECK ROSEVILLE, MI 48066		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/11/10</u>	
Name & Address: PHILIP BELISLE 47199 MICHAEL SHELBY TWP., MI 48315		\$ <u>12.50</u>	\$ <u>12.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 152.50

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

135784-50
ERNEST HOANUNG FOR CLINTON TWP
TRUSTEE COMM

2. Committee Name

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 03/10/10

Name & Address:

VINCENT BRENNAN
30078 SCHOENHERR, STE 150
WARREN, MI 48088

\$ 50.00

\$ 105.00

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

Occupation ATTORNEY Employer EVERET ENERGY

[Click Here for Memo Itemization](#)

Business Address 30078 SCHOENHERR, STE 150, WARREN, MI 48088

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

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 10/19/10

Name & Address

VINCENT BRENNAN
30078 SCHOENHERR, STE 150
WARREN, MI 48088

\$ 50.00

\$ 155.00

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

Occupation ATTORNEY Employer EVERET ENERGY

[Click Here for Memo Itemization](#)

Business Address 30078 SCHOENHERR, WARREN, MI 48088

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

3. Contribution # 3 PAC Receipt? ☐ YES

4. Date of Receipt 04/05/10

Name & Address:

HAROLD BREWER
21371 CASS
CLINTON TWP., MI 48036

\$ 12.50

\$ 12.50

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 03/10/10

Name & Address

BRICKLAYERS LOCAL NO. 1, MICHIGAN PAC
21031 RYAN
WARREN, MI 48091

\$ 25.00

\$ 25.00

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

137.50

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

135784-50

2. Committee Name ERNEST HOANUNG FOR CLINTON TWP. TRUSTEE COMM.

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 03/08/10

Name & Address:

BERRY BURNHAM
40800 HAYES
CLINTON TWP., MI 48038

\$ 50.00

\$ 75.00

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 03/10/10

Name & Address

CHARLES BUSSE
1235 N. MAIN, STE 150
ROCHESTER MI, 48307

\$ 50.00

\$ 125.00

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

Occupation ATTORNEY Employer BALIAN & BUSSE PLC

Business Address 811 SOUTH BLVD E, STE 200 ROCHESTER, MI 48307

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 03/02/10

Name & Address:

FRANK CARSWELL
13109 LAKE SHORE DR
FENTON MI 48430

\$ 50.00

\$ 105.00

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

Occupation PROP MGR Employer INDEPENDENT MGT

Business Address 15358 BEALFORD, FENTON MI

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 10/19/10

Name & Address

FRANK CARSWELL
13109 LAKE SHORE DR
FENTON MI 48430

\$ 60.00

\$ 165.00

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

Occupation PROP MGR Employer INDEPENDENT MGT

Business Address 15358 BEALFORD, FENTON MI

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

[Click Here for Memo Itemization](#)

Page Subtotal

210.00

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

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line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 135784-50
ERNEST HOLMUNG FOR CLINTON TWP
2. Committee Name TRUSTEE COMM.

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? <input type="checkbox"/> YES 4. Date of Receipt <u>03/11/10</u> Name & Address: SCOTT CHABOT 42274 TODDMARK CLINTON TWP., MI 48038		\$ <u>12.50</u>	\$ <u>12.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/29/10</u> Name & Address: SCOTT CHABOT 42274 TODDMARK CLINTON TWP., MI 48038		\$ <u>150.00</u>	\$ <u>162.50</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSIONAL ENGINEER</u> Employer <u>GIFFELS-WEBSTER</u> Business Address <u>2871 BOND ST., ROCHESTER, MI 48309</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/11/10</u> Name & Address: HENRY CHIODINI 46891 EDGEWATER MACOMB, MI 48044		\$ <u>12.50</u>	\$ <u>12.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/11/10</u> Name & Address: JOSEPH CIARAMITARO 38954 SANTA BARBARA CLINTON TWP., MI 48036		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		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
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

135784-50

2. Committee Name

ERNEST HOANUNG FOR CLINTON TWP.
TRUSTEE COMM.

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 03/11/10

Name & Address:

CLINTON TWP FIREFIGHTERS PAC
42601 ROMEO PLANK
CLINTON TWP., MI 48038

\$ 200.00

\$ 200.00

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

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

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

3. Contribution #2 PAC Receipt? ☒ YES

4. Date of Receipt 03/11/10

Name & Address

COMM. FOR RESPONSIBLE GOVERNMENT
5802 VINCENT TRAIL
SHELBY TWP., MI 48318

\$ 50.00

\$ 75.00

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

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 3 PAC Receipt? ☐ YES

4. Date of Receipt 03/11/10

Name & Address:

CATHERINE DELDIN
23934 EDGEWATER
SAINT CLAIR SHORES, MI 48082

\$ 25.00

\$ 25.00

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

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 4 PAC Receipt? ☐ YES

4. Date of Receipt 03/11/10

Name & Address

MICHAEL DEYAK
20244 HURON
CLINTON TWP., MI 48038

\$ 12.50

\$ 37.50

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

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal

287.50

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

135784-50

2. Committee Name

ERNEST HORNUNG FOR CLINTON TWP. TRUSTEE COMM.

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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/29/10</u>	
Name & Address: MICHAEL DEYAK 20244 HURON CLINTON TWP., MI 48038		\$ <u>15.00</u>	\$ <u>52.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/09/10</u>	
Name & Address: DONALD DEZIO 12111 BUGLE LAKE DR BRUCE TWP., MI 48065		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/08/10</u>	
Name & Address: MARK DIXON 24939 WHITE PLAINS NOVE, MI 48374		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/06/10</u>	
Name & Address: SHIRLEY DOHERTY 18821 WOODS DR CLINTON TWP., MI 48036		\$ <u>25.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

140.00

Grand Total of All Schedules 1A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 135784-50
2. Committee Name ERNEST HORNUNG FOR CLINTON TWP. TRUSTEE COMM.

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? <input type="checkbox"/> YES	4. Date of Receipt <u>03/11/10</u>	
Name & Address: LISA DOLAN 2388 HERONWOOD DR. BLOOMFIELD HILLS, MI 48302		\$ <u>200.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/11/10</u>	
Name & Address: TIMOTHY FALK 73600 ROMEO PLANK ARMADA, MI 48005		\$ <u>12.50</u>	\$ <u>12.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/02/10</u>	
Name & Address: GEORGE FRESARD 39711 MORAVIAN CLINTON TWP., MI 48036		\$ <u>12.50</u>	\$ <u>37.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/15/10</u>	
Name & Address: GEORGE FRESARD 39711 MORAVIAN CLINTON TWP., MI 48036		\$ <u>45.00</u>	\$ <u>82.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 270.00

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

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Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

135784-50

2. Committee Name

ERNEST HORNUNG FOR CLINTON TWP
TRUSTEE COMM.

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 03/11/10

Name & Address:

CARRIE FUCA
41265 WINDMILL
HARRISON TWP., MI 48045

\$ 12.50

\$ 25.00

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 03/04/10

Name & Address

JAMES GEORGE
19634 WESTCHESTER
CLINTON TWP., MI 48038

\$ 50.00

\$ 105.00

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

Occupation DEVELOPER Employer SELF

[Click Here for Memo Itemization](#)

Business Address 19634 WESTCHESTER, CLINTON TWP., MI 48038

Type of Contribution:

☒

Direct

☐

Loan from a person

☒

Fund Raiser

3. Contribution # 3

PAC Receipt?

☐

YES

4. Date of Receipt 10/30/10

Name & Address:

JAMES GEORGE
19634 WESTCHESTER
CLINTON TWP., MI 48038

\$ 60.00

\$ 165.00

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

Occupation DEVELOPER Employer SELF

[Click Here for Memo Itemization](#)

Business Address 19634 WESTCHESTER, CLINTON TWP., MI 448038

Type of Contribution:

☒

Direct

☐

Loan from a person

☒

Fund Raiser

3. Contribution # 4

PAC Receipt?

☐

YES

4. Date of Receipt 03/11/10

Name & Address

THOMAS GIACHINO
2742 RHODES
TROY, MI 48083

\$ 12.50

\$ 12.50

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

135.00

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

135784-50

2. Committee Name

ERNEST HORNUNG FOR CLINTON TWP.
T RUSTEE COMM.

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

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

3. Contribution # 1

PAC Receipt?

☐

YES

4. Date of Receipt 10/23/10

Name & Address:

THOMAS GIACHINO
2742 RHODES DR
TROY MI 48083

\$ 30.00

\$ 42.50

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 03/10/10

Name & Address

JAMES GIFTOS
27947 GROESBECK
ROSEVILLE MI 48066

\$ 37.50

\$ 62.50

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 10/29/10

Name & Address:

MARGARET GLEI
34901 MEADOWLARK LN
RICHMOND, MI 48062

\$ 30.00

\$ 30.00

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 03/02/10

Name & Address

RAYMOND GLIME
37119 TALLOAK DR
CLINTON TWP., MI 48036

\$ 25.00

\$ 25.00

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

122.50

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

135784-50

2. Committee Name

ERNEST HORNUNG FOR CLINTON TWP.
TREASURER COMM.

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 03/17/10

Name & Address:

PETER HENDERSON
41910 WESTBURY
CLINTON TWP., MI 48038

\$ 25.00

\$ 80.00

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 10/25/10

Name & Address

PETER HENDERSON
41910 WESTBURY
CLINTON TWP., MI 48038

\$ 30.00

\$ 110.00

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

Occupation ATTORNEY Employer SELF

Business Address 42450 GARFIELD, CLINTON TWP., MI 48038

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 03/11/10

Name & Address:

MICHAEL HUTTO
41165 BELVIDERE
HARRISON TWP., MI 48045

\$ 12.50

\$ 27.50

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 # 4

PAC Receipt?

☐

YES

4. Date of Receipt 10/29/10

Name & Address

MICHAEL HUTTO
41165 BELVIDERE
HARRION TWP., MI 48045

\$ 37.50

\$ 65.00

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

105.00

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

135784-50
ERNEST HORNUNG FOR CLINTON TWP.
2. Committee Name TRUSTEE COMM.

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 03/05/10

Name & Address:

RICK ICEBERG
3770 DALEY
ATTICA, MI 48412

\$ 100.00

\$ 200.00

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

Occupation OWNER CJ BARRYMORES Employer SELF

[Click Here for Memo Itemization](#)

Business Address 21750 HALL RD., CLINTON TWP., MI 48038

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

3. Contribution #2

PAC Receipt?

☐

YES

4. Date of Receipt 03/11/10

Name & Address

ROBERT KLUCENS
21903 STEPHENS
ST. CLAIR SHORES, MI 48080

\$ 12.50

\$ 42.50

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

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 3

PAC Receipt?

☐

YES

4. Date of Receipt 10/29/10

Name & Address:

ROBERT KLUCENS
21903 STEPHENS
ST. CLAIR SHORES, MI 48080

\$ 15.00

\$ 57.50

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

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 4

PAC Receipt?

☐

YES

4. Date of Receipt 03/05/10

Name & Address

RONALD KROCHMALNY
441 S. BEECH DALY
DEARBORN HTS., MI 48125

\$ 25.00

\$ 25.00

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

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal

152.50

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

2. Committee Name

13578450

ERNEST MORNING FOR LINTON TWP.
TRUSTEE COMM.

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

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

3. Contribution # 1 PAC Receipt? ☐ YES

4. Date of Receipt 10/13/10

Name & Address:

RONALD KROCHMALNY
441 S. BEECH DALY
DEARBORN HTS., MI 48125

\$ 30.00

\$ 55.00

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 03/11/10

Name & Address:

DAVID LAKIN
4610 LUSIA
TROY, MI 48098

\$ 50.00

\$ 50.00

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 10/29/10

Name & Address:

LEO LALONDE
24801 ROSALIND
EASTPOINTE, MI 48021

\$ 50.00

\$ 80.00

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 03/11/10

Name & Address:

ALEXANDRA LAVINIO
18341 NARDY
CLINTON TWP., MI 48036

\$ 25.00

\$ 80.00

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

155.00

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

Enter this total on
line 3a of Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 135784-50
ERNEST RD ANUNG FOR CLINTON TWP.
2. Committee Name TRUSTEE COMM.

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? <input type="checkbox"/> YES	4. Date of Receipt <u>03/11/10</u>	
Name & Address: MARCO LAVINIO 18341 NARDY CLINTON TWP., MI 48036		\$ <u>12.50</u>	\$ <u>27.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/11/10</u>	
Name & Address: DONALD LORANGER 18237 WHITMORE CLINTON TWP., MI 48035		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/17/10</u>	
Name & Address: THERESA LOWE 36659 EATON CLINTON TWP., MI 48035		\$ <u>25.00</u>	\$ <u>65.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/15/10</u>	
Name & Address: THERESA LOWE 36659 EATON CLINTON TWP., MI 448035		\$ <u>15.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

102.50

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

135784-50

2. Committee Name

ERNEST MORNING FOR CLINTON TWP.
TRUSTEE COMM.

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

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

3. Contribution # 1 PAC Receipt? ☐ YES

4. Date of Receipt 10/28/10

Name & Address:

RUSSELL MALLARE
44325 MANITOU
CLINTON TWP., MI 48038

\$ 15.00

\$ 15.00

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 03/11/10

Name & Address

BARBARA MARELLA
35979 CARLISLE
CLINTON TWP., MI 48035

\$ 25.00

\$ 62.50

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 03/02/10

Name & Address:

ANTHONY MARROCCO VICTORY PAC
PO BOX 665
MT. CLEMENS. MI 48046

\$ 25.00

\$ 80.00

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 10/15/10

Name & Address

ANTHONY MARROCCO VICTORY PAC
PO BOX 665
MT. CLEMENS, MI 48046

\$ 15.00

\$ 95.00

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

Occupation _____ Employer _____

Business Address _____

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

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Page Subtotal

80.00

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 135784-50
ERNEST HARRINGTON FOR CLINTON TWP. TRUSTEE COMM.
2. Committee Name

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? <input type="checkbox"/> YES 4. Date of Receipt <u>03/03/10</u> Name & Address: DELORES MICHAELS 26299 TUCKER HARRISON TWP., MI 48045		\$ <u>25.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/13/10</u> Name & Address: DELORES MICHAELS 26299 TUCKER HARRISON TWP., MI 48046		\$ <u>30.00</u>	\$ <u>110.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EMPLOYEE/OWNER</u> Employer <u>UNI DIG INC.</u> Business Address <u>21600 QUINN RD., CLINTON TWP., MI 48035</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>03/09/10</u> Name & Address: MILLER CANFIELD PAC 150 W. JEFFERSON, STE 2500 DETROIT, MI 48226		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/23/10</u> Name & Address: AMY MILLER 19820 BEECHWOOD DR. <u>Macomb</u> MI 48044		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

135.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

135784-50

2. Committee Name

ERNEST HOARNING FOR CLINTON TWP
TRUSTEE COMM.

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 03/11/10

Name & Address:

PAUL MODI
4071 KEATS
TROY, MI 48085

\$ 50.00

\$ 50.00

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 10/29/10

Name & Address

PAUL MODI
4071 KEATS
TROY, MI 48085

\$ 60.00

\$ 110.00

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

Occupation PROFESSIONAL ENGINEER Employer GIFFELS-WEBSTER

[Click Here for Memo Itemization](#)

Business Address 2871 BOND ST., ROCHESTER, MI 48309

Type of Contribution:

☒ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution # 3

PAC Receipt?

☐ YES

4. Date of Receipt 03/09/10

Name & Address:

PATRICK MORAN
2950 WOODSTOCK CIR.
PORT HURON, MI 48060

\$ 50.00

\$ 100.00

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 10/20/10

Name & Address

PATRICK MORAN
2950 WOODSTOCK CIR.
PORT HURON 48060

\$ 50.00

\$ 150.00

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

Occupation AUTOMOBILE DEALER Employer OWNER, MORAN CHEVROLET INC.

[Click Here for Memo Itemization](#)

Business Address 35600 S. GRATIOT, CLINTON TWP., MI 48035

Type of Contribution:

☒ Direct

☐ Loan from a person

☒ Fund Raiser

Page Subtotal

210.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

135784-50

2. Committee Name ERNEST HORNUNG FOR CLINTON TWP. TRUSTEE DMM

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 03/04/10

Name & Address:

GINO MORELLI
39429 MORAVIAN
CLINTON TWP., MI 48036

\$ 37.50

\$ 62.50

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 #2 PAC Receipt? ☐ YES

4. Date of Receipt 03/02/10

Name & Address

MICHAEL MC CLAIN
22431 RIO VISTA
ST. CLAIR SHORES, MI 48081

\$ 50.00

\$ 75.00

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 10/15/10

Name & Address:

MICHAEL MC CLAIN
22431 RIO VISTA
ST. CLAIR SHORES, MI 48081

\$ 60.00

\$ 135.00

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

Occupation DEVELOPER Employer LAKES DEVELOPMENT

Business Address 33414 KELLY, FRASER, MI

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 10/13/10

Name & Address

EILEEN MC MICHAEL
18139 FLEUR DE LIS
CLINTON TWP., MI 48038

\$ 15.00

\$ 40.00

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

Occupation _____ Employer _____

Business Address _____

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

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Page Subtotal

162.50

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

135784-50

2. Committee Name

ERNEST A. DANNING FOR CLINTON TWP.
TRUSTEE COMM.

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 03/05/10

Name & Address:

**WILLIAM NILL
491 RENAUD
GROSSE PTE. WOODS, MI 48236**

\$ 50.00

\$ 105.00

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

Occupation ATTORNEY Employer FIRST STATE BANK

[Click Here for Memo Itemization](#)

Business Address 491 RENAUD, GROSSE PTE. WOODS, MI 48236

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

3. Contribution #2

PAC Receipt?

☐ YES

4. Date of Receipt 03/04/10

Name & Address:

**GRAHAM ORLEY
201 W. BIG BEAVER, STE. 720
TROY, MI 48084**

\$ 50.00

\$ 105.00

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

Occupation OWNER/DEVELOPER Employer ELRO CORP.

[Click Here for Memo Itemization](#)

Business Address 201 W. BIG BEAVER, STE 720, TROY, MI 48084

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

3. Contribution # 3

PAC Receipt?

☐ YES

4. Date of Receipt 10/13/10

Name & Address:

**GRAHAM ORLEY
201 W. BIG BEAVER, STE. 720
TROY, MI 48084**

\$ 60.00

\$ 165.00

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

Occupation OWNER/DEVELOPER Employer ELRO CORP.

[Click Here for Memo Itemization](#)

Business Address 201 W. BIG BEAVER, TROY, MI 48084

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

3. Contribution # 4

PAC Receipt?

☐ YES

4. Date of Receipt 03/25/10

Name & Address:

**LINDA PIDUTTI
37649 CHARTER OAKS BLVD.
CLINTON TWP., MI 48036**

\$ 7.50

\$ 7.50

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

167.50

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

135784-50
ERNEST HORNUNG FOR CLINTON TWP.
2. Committee Name TRUSTEE COMM.

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 03/15/10

Name & Address:

ANTHONY PYPE
39887 COALPORT
CLINTON TWP., MI 48038

\$ 200.00

\$ 250.00

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

Occupation CAR REPAIR/TOWING Employer GARFIELD CANAL SERVICES

[Click Here for Memo Itemization](#)

Business Address 16933 CANAL, CLINTON TWP., MI 448038

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

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 11/02/10

Name & Address:

ANTHONY PYPE
39887 COALPORT
CLINTON TWP., MI 48038

\$ 120.00

\$ 370.00

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

Occupation CAR REPAIR/TOWING Employer GARFIELD CANAL SERVICES

[Click Here for Memo Itemization](#)

Business Address 16933 CANAL, CLINTON TWP., MI 48038

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

3. Contribution # 3 PAC Receipt? ☐ YES

4. Date of Receipt 10/15/10

Name & Address:

MICHAEL REEBER
7339 BINGHAM
DEARBORN, MI 48126

\$ 60.00

\$ 60.00

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 10/29/10

Name & Address:

DEAN REYNOLDS
38150 WOODCREST
CLINTON TWP., MI 48036

\$ 15.00

\$ 15.00

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

395.00

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



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

135784-50
ERNEST HOANUNG FOR CLINTON TWP
2. Committee Name TRUSTEE CUMM.

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 03/15/10

Name & Address:

PHILIP RUGGERI
55764 ST. REGIS
SHELBY TWP., MI 48315

\$ 25.00

\$ 50.00

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 03/11/10

Name & Address

STEPHEN SAPH
44 MACOMB PLACE
PO BOX 46907
MT. CLEMENS, MI 48046

\$ 25.00

\$ 50.00

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 10/18/10

Name & Address:

STEPHEN SAPH
44 MACOMB PLACE
PO BOX 46907
MT. CLEMENS, MI 48046

\$ 60.00

\$ 110.00

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

Occupation INSURANCE AGENT Employer NICHOLS & SAPH

Business Address 44 MACOMB PLACE, PO BOX 46907, MT. CLEMENS MI 48046

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 03/03/10

Name & Address

ROBERT SCHRAGE
67 PUTNAM PL
GROSSE PTE SHORES, MI 48236

\$ 50.00

\$ 105.00

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

Occupation DIRECTOR Employer RESURECTION CEMETERY

Business Address 18201 CLINTON RIVER RD., CLINTON TWP., MI 48038

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

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Page Subtotal

160.00

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

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line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 135784-50
2. Committee Name ERNEST HORNUNG FOR CLINTON TWP TRUSTEE COMM.

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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/13/10</u>	
Name & Address: ROBERT SCHRAGE 67 PUTNAM PL GROSSE PTE SHORES. MI 48236		\$ <u>30.00</u>	\$ <u>135.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>RESURECTION CEMETERY</u> Business Address <u>18201 CLINTON RIVER RE., CLINTON TWP., MI 48038</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/02/10</u>	
Name & Address: ROBERT SLATKIN 29645 W. 14 MILE, STE 110 FARMINGTON HILLS, MI 48334		\$ <u>25.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/19/10</u>	
Name & Address: ROBERT SLATKIN 29645 W. 14 MILE, STE 110 FARMINGTON HILLS, MI 48334		\$ <u>30.00</u>	\$ <u>110.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER/APARTMENTS</u> Employer <u>SLATKIN CORP.</u> Business Address <u>29645 W. 14 MILE, STE 110, FARMINGTON HILLS, MI 48334</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/16/10</u>	
Name & Address: BENNY SORRENTINO 35520 FORTON CT. CLINTON TWP., MI 48035		\$ <u>15.00</u>	\$ <u>45.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

100.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

135784-50

2. Committee Name

ERNEST MORNINGSTAR CLINTON TWP. TRUSTEE COMM

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

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

3. Contribution # 1 PAC Receipt? ☐ YES

4. Date of Receipt 10/26/10

Name & Address:

WILLIAM SOWERBY
37860 SADDLE LN
CLINTON TWP., MI 48036

\$ 30.00

\$ 55.00

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 10/22/10

Name & Address:

KELLY SPRINGER
2796 SUNBROOK DR.
HUDSONVILLE, MI 48426

\$ 30.00

\$ 30.00

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 03/11/10

Name & Address:

HEATHER STROLIS
19874 WESTCHESTER
CLINTON TWP., MI 48038

\$ 75.00

\$ 225.00

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

Occupation HOUSEWIFE 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 10/28/10

Name & Address:

VITO STROLIS
19874 WESTCHESTER
CLINTON TWP., MI 48038

\$ 125.00

\$ 325.00

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

Occupation AUTO TOWING Employer RUEHLES TOWING

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

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

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Page Subtotal

260.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

135784-50

2. Committee Name

ERNEST HOANANG FOR CLINTON TWP.
TRUSTEE COMM.

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 03/04/10

Name & Address:

GROZDA SWETECH
43868 SCOTER
CLINTON TWP., MI 48038

\$ 25.00

\$ 80.00

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 10/23/10

Name & Address:

GROZDA SWETECH
43868 SCOTER
CLINTON TWP., MI 48038

\$ 15.00

\$ 95.00

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 03/11/10

Name & Address:

PETER THOMAS
5018 SEVEN LAKES SOUTH
WASHINGTON TWP., MI 48095

\$ 100.00

\$ 275.00

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

Occupation PAWN BROKER Employer OWNER, CASH EXCHANGE

[Click Here for Memo Itemization](#)

Business Address 35943 GRATIOT, CLINTON TWP., MI 48035

Type of Contribution:

☒ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution #4

PAC Receipt? ☐ YES

4. Date of Receipt 03/12/10

Name & Address:

ELEANOR TOCCO
37139 ARAGONA DR. N
CLINTON TWP., MI 48036

\$ 12.50

\$ 52.50

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

152.50

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135784-50
2. Committee Name ERNEST WARWING FOR CLINTON TWP TRUSTEE COMM.

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? <input type="checkbox"/> YES	4. Date of Receipt <u>03/11/10</u>	
Name & Address: TIMOTHY TOMLINSON 38272 TRILLIUM PL HARRISON TWP., MI 48045		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>YORK, DOLAN & TOMLINSON</u> Business Address <u>42850 GARFIELD, CLINTON TWP., MI 48038</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/10/10</u>	
Name & Address: ROSE TORRES 28135 GROESBECK ROSEVILLE, MI 48066		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/11/10</u>	
Name & Address: CHARLES TOWNER 39757 BRYLOR CLINTON TWP., MI 48038		\$ <u>200.00</u>	\$ <u>950.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TOWNER & TOWNER</u> Business Address <u>38770 GARFIELD, STE 110, CLINTON TWP., MI 48038</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/29/10</u>	
Name & Address: CHARLES TOWNER 39757 BRYLOR CLINTON TWP. MI 48038		\$ <u>100.00</u>	\$ <u>1050.00</u> *
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TOWNER & TOWNER</u> Business Address <u>38770 GARFIELD, CLINTON TWP., MI 48038</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		(Memo Itemization) * EXCESS \$50.00 OVER CONTRIBUTION LIMIT OF \$100.00 RETURNED ON 1-22-11 AND WILL BE REPORTED ON 2011 ANNUAL REP.	

Page Subtotal

550.00

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135784-50
EARLST HORNUNG FOR CLINTON TWP.
2. Committee Name TRUSTEE COMM.

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? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/29/10</u> Name & Address: U.A. PLUMBERS UNION LOCAL 98, PAC FUND 555 HORACE BROWN DR. MADION HTS., MI 48071		\$ <u>30.00</u>	\$ <u>110.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/11/10</u> Name & Address: GREGORY VANLERBERGE 593 BLAIRMoor CT. GROSSE PTE. WOODS, MI 48236		\$ <u>10.00</u>	\$ <u>22.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/11/10</u> Name & Address: CHARLES WELTON 2742 RHODES TROY, MI 48083		\$ <u>12.50</u>	\$ <u>12.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/12/10</u> Name & Address: JENIFER WEST 20752 ALDO CT. CLINTON TWP., MI 48038		\$ <u>12.50</u>	\$ <u>12.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 65.00

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135784-50
ERNEST HORNBY FOR CLINTON TWP.
2. Committee Name TRUSTEE COMM.

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? <input type="checkbox"/> YES 4. Date of Receipt <u>03/09/10</u> Name & Address: WILLIAN WESTRICK 5250 WEST RD. WASHINGTON, MMI 48094		\$ <u>12.50</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>04/06/10</u> Name & Address: WMI PAC OF MICHIGAN 48797 ALPHA DR., SUITE 100 WIXOM, MI 48939		\$ <u>50.00</u>	\$ <u>180.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/10/10</u> Name & Address: MICHAEL YOUNGBLOOD 40499 EMERALD LN W. CLINTON TWP., MI 48038		\$ <u>50.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>PLASTIC SERVICE CENTER</u> Business Address <u>21445 CARLO DR., CLINTON WTP., MI 48038</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/13/10</u> Name & Address: MICHAEL YOUNGBLOOD 40499 EMERALD LN W. CLINTON TWP., MI 48038		\$ <u>60.00</u>	\$ <u>185.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>PLASTIC SERVICE CENTER</u> Business Address <u>21445 CARLO DR., CLINTON TWP., MI 48038</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 172.50

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

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line 3a of Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 135784-50
2. Committee Name ERNEST HORNUK FOR CLINTON TWP TRUSTEE COMM.

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? <input type="checkbox"/> YES	4. Date of Receipt <u>03/11/10</u>	
Name & Address: LESLIE ZAWADA 4821 CARPATHIA ATTICA, MI 48412		\$ <u>12.50</u>	\$ <u>12.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/29/10</u>	
Name & Address: LESLIE ZAWADA 4821 CARPATHIA ATTICA, MI 48412		\$ <u>30.00</u>	\$ <u>42.50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>12/17/10</u>	
Name & Address: CLINTON TWP. POLICE OFFICERS ASSN, PAC 37985 GROSEBECK CLINTON TWP., MI 48036		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address: 		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

542.50

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

5347.50

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number **135784-50**
2. Committee Name **ERNEST HORNUNG FOR CLINTON TWP. TRUSTEE COMM.**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name COMMUNITY CENTRAL BANK Address 100 N. MAIN MT. CLEMENS, MICH. 48046 <input type="checkbox"/> Fund Raiser	Purpose: <u>FEE ASSESSED FOR RETURNED CHECK</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/20/10</u> Date	<u>\$ 2.50</u>
Expenditure #2 Name CTE GEORGE FITZGERALD Address 43377 RIVERGATE CLINTON TWP., MICH 48038 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>1/2 COST OF ST. PATS PARTY</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/27/10</u> Date	<u>\$ 591.34</u>
Expenditure #3 Name CTE GEORGE FITZGERALD Address 43377 RIVERGATE CLINTON TWP., MICH 48038 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>1/2 COST OF POSTAGE AND ENVELOPES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/27/10</u> Date	<u>\$ 118.63</u>
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page	\$712.47
Grand Total of all Schedules 1B (Complete on last page of Schedule)	\$712.47

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 135784-50
2. Committee Name ERNEST HORNUNG FOR CLINTON TWP TRUSTEE COMM.

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? <input type="checkbox"/> Yes Owed to or by: ERNEST HORNUNG 16553 STOCKTON CLINTON TWP MI 48038	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>03/15/94</u> 6. <u>Original Amount of Debt:</u> <u>\$ 100.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>100.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: ERNEST HORNUNG 15663 STOCKTON CLINTON TWP MI 48038	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>4.14.94</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1500.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>1500.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: ERNEST HORNUNG 15663 STOCKTON CLINTON TWP MI 48038	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>5.7.94</u> 6. <u>Original Amount of Debt:</u> <u>\$ 940.55</u>	\$ \$ \$ \$ \$	\$	\$ <u>940.55</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$2,540.55

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 135784-50
2. Committee Name ERNEST HORNUNG FOR CLINTON TWP TRUSTEE COMM.

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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: ERNEST HORNUNG 15663 STOCKTON CLINTON TWP MI 48038	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/07/94</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1164.66</u>	\$ \$ \$ \$ \$	\$	\$ <u>1164.66</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: ERNEST HORNUNG 15663 STOCKTON CLINTON TWP MI 48038	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>7.18.94</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2888.22</u>	<u>08/15/98</u> \$ <u>1,746.00</u> <u>10/01/95</u> \$ <u>600.00</u> \$ \$ \$	\$ <u>2346.00</u>	\$ <u>542.22</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: ERNEST HORNUNG 15663 STOCKTON CLINTON TWP MI 48038	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>7.25.94</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1000.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>1000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$2,706.88**

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 135784-50
2. Committee Name ERNEST HORNUNG FOR CLINTON TWP TRUSTEE COMM.

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.
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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: ERNEST HORNUNG 15663 STOCKTON CLINTON TWP MI 48038	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>11/20/94</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1000.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>1000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: ERNEST HORNUNG 15663 STOCKTON CLINTON TWP MI 48038	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>8.5.96</u> 6. <u>Original Amount of Debt:</u> <u>\$ 400.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>400.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: ERNEST HORNUNG 15663 STOCKTON CLINTON TWP MI 48038	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10.25.96</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3850.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>3850.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$5,250.00

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 135784-50
2. Committee Name ERNEST HORNUNG FOR CLINTON TWP TRUSTEE COMM.

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.
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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: ERNEST HORNUNG 15663 STOCKTON CLINTON TWP MI 48038	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>11/18/00</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1000.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>1000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: ERNEST HORNUNG 15663 STOCKTON CLINTON TWP MI 48038	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>2.27.04</u> 6. <u>Original Amount of Debt:</u> <u>\$ 100.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>100.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: ERNEST HORNUNG 15663 STOCKTON CLINTON TWP MI 48038	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>4.23.04</u> 6. <u>Original Amount of Debt:</u> <u>\$ 500.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>500.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$1,600.00

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 135784-50
2. Committee Name ERNEST HORNUNG FOR CLINTON TWP TRUSTEE COMM.

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.
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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: ERNEST HORNUNG 16333 STOCKTON CLINTON TWP MI 48038	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/18/04</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1000.00</u>	10/29/04 \$ 100.00 \$ \$ \$ \$	\$	\$ 900.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: ERNEST HORNUNG 15663 STOCKTON CLINTON TWP MI 48038	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10.21.04</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3800.00</u>	\$ \$ \$ \$ \$	\$	\$ 3800.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$4,700.00

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

\$16,797.43

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

135784-50

2. Committee Name

ERNEST HORNING FOR CLINTON TWP
TRUSTEE COMM.

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held

03/11/10

4. Number of Individuals Attending
or Participating (whichever is
greater)

Approx. 70

5. Type of Fund Raising Activity

ST. PATRICK'S DAY PARTY

6. Address and Name (If any) of the
place where the activity was held.

JIMMY DEES
43820 GROESBECK
CLINTON TWP., MI 48036

☐ Private Residence

7. Total Contributions

\$6,110.00

8. Other Receipts

9. Gross Receipts (Add lines 7 and 8)

\$6,110.00

10. Total Cost of Event

\$1,419.94

(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
(%)

ERNEST HORNING

FOR CLINTON TWP.

TRUSTEE COMM.

50

50

COMM, TO ELECT

GEORGE FITZGERALD

50

50

- 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

135784-50

2. Committee Name

ERNEST HORNING FOR CLINTON TWP
TRUSTEE COMM.

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>10/29/10</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>Approx. 52</u>	5. Type of Fund Raising Activity <u>OKTOBERFEST PARTY</u>	6. Address and Name (If any) of the place where the activity was held. <u>C.J. BERRYMORE'S</u> <u>21750 HALL RD.</u> <u>CLINTON TWP., MI 48038</u> <input type="checkbox"/> Private Residence
---	---	--	---

7. Total Contributions \$3,585.00

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) \$3,585.00

10. Total Cost of Event \$588.62
(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 (%)
<u>ERNEST HORNING</u>	_____	_____
<u>FOR CLINTON TWP.</u>	_____	_____
<u>TRUSTEE COMM.</u>	<u>50</u>	<u>50</u>
_____	_____	_____
<u>COMM, TO ELECT</u>	_____	_____
<u>GEORGE FITZGERALD</u>	<u>50</u>	<u>50</u>
_____	_____	_____
_____	_____	_____

- 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.