

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: 12-31-10 To: 7-17-2011
Mo Day Year Mo Day Year

1. Committee I.D. Number 137956

4. Candidate Last Name Kurkowski First Name Carolyn M.I. A

2. Committee Name
Friends of Carolyn Kurkowski Mocer

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

4b. County of Residence Macomb Driver License # (Optional)

5. Committee's Mailing Address
8634 Edna
Warren MI 48093
Area Code and Phone 586-573-2479

6. Treasurer's Name & Residential Address

Same

Area Code & Phone ()

Driver License # (Optional)

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

7. Treasurer's Business Address
One City Square
Warren, MI 48093
Area Code and Phone 586-574-4539

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

Area Code and Phone ()

Driver License # (Optional)

11 JUL 22 2011
FILED
MICHIGAN
CLERK

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary ☐ General
☐ Convention ☐ School
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

8 2 2011
Month Day Year

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

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. 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 Carolyn Kurkowski Mocer Carolyn Kurkowski Mocer Date 8 1 2011
Type or Print Name Signature Mo Day Year
Candidate Carolyn Kurkowski Mocer Carolyn Kurkowski Mocer Date 8 1 2011
Type or Print Name Signature Mo Day Year



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number 137950
2. Committee Name Friends of Carolyn Kurkowski Mocer

**SUMMARY PAGE
CANDIDATE COMMITTEE**

Column I This Period		Column II Cumulative this election cycle
RECEIPTS		
Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>3,765.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ _____	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ _____
Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>3,765.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>4,005.84</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>4,005.84</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>16,550.00</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>2,954.34</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>3,765.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>6,719.34</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>4,005.84</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2,713.50</u>	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.
All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.
Authority granted under P.A. 388 of 1976

**SCHEDULE 1A
CANDIDATE COMMITTEE**

2. Committee Name Friends of Carolyn Kurkowski Maceri

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 from committees 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>5.5.11</u> Name: <u>Robert Ellis</u> Address: <u>21707 Mac Arthur Blvd</u> <u>Warren, Mt 48089</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>owner (business)</u> Employer _____ Business Address <u>21707 Mac Arthur Warren 48089</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		120.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5.5.11</u> Name: <u>David Grubb</u> Address: <u>1150 Dorchester Rd</u> <u>Birmingham, Mt 48009</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 checked="" type="checkbox"/> Fund Raiser		60.00	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5.5.11</u> Name: <u>S.L. Gower</u> Address: <u>26168 Pillsbury</u> <u>Farmington Hills, 48334</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 checked="" type="checkbox"/> Fund Raiser		60.00	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5.5.11</u> Name: <u>Gary Alessandro</u> Address: <u>28135 Groesbeck Hwy</u> <u>Roseville, Mt 48066</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Business owner</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		240.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		480.00	
		480.00	

Enter this total on
line 3a of
Summary Page

SCHEDULE 1A
CANDIDATE COMMITTEE

2. Committee Name Friends of Carolyn Kurkewski Mocer

CANDIDATE COMMITTEE		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>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 from committees regardless of amount.</p> <p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-14-11</u></p> <p>Name: <u>Kathy Ballard</u></p> <p>Address: <u>4048 Oak Bank Court</u> <u>Orchard Lake, MI 48323</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Real Estate agent</u> Employer <u>Brock agency</u></p> <p>Business Address <u>40701 Woodward - Bloomfield, MI 48304</u></p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		250.00	
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-14-11</u></p> <p>Name: <u>Hilary Kutella</u></p> <p>Address: <u>24015 Karen</u> <u>Warren, MI 48091</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		60.00	
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-24-11</u></p> <p>Name: <u>Ron Papandrea</u></p> <p>Address: <u>30315 Austin</u> <u>Warren, MI 48092</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		100.00	
<p>3. Contribution #4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>4-27-11</u></p> <p>Name: <u>Flagstar</u></p> <p>Address: <u>515 Corporate Dr.</u> <u>Troy, MI 48068</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		120.00	
<p>Page Subtotal</p> <p>Grand Total of All Schedules 1A</p> <p>(Complete on last page of Schedule)</p>		530.00	
		1,010.00	

Enter this total on
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Summary Page

**SCHEDULE 1A
CANDIDATE COMMITTEE**

2. Committee Name Friends of Carolyn Kurkowski Mocerì

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 from committees 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>5-5-11</u> Name: <u>Roger Trim</u> Address: <u>11223 Alger Warren, MI 48093</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 checked="" type="checkbox"/> Fund Raiser	60.00		
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>6-3-11</u> Name: <u>Warren Professional Firefighters</u> Address: <u>3272 12 mile Road Warren, MI 48092</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 checked="" type="checkbox"/> Fund Raiser	200.00		
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-5-11</u> Name: <u>Sandena Mocerì</u> Address: <u>26703 Dover CT Warren, MI 48089</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	500.00		
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-5-11</u> Name: <u>Ramie Phillips</u> Address: <u>817 Englewood Dr Rochester, MI 48309</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 checked="" type="checkbox"/> Fund Raiser	60.00		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		820.00 1,830.00	

Enter this total on line 3a of Summary Page

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 151750
2. Committee Name Friends of Carolyn Kurkowski Maceri

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 from committees 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>5-5-11</u> Name: <u>Huntington Assoc. Good Government</u> Address: <u>801 West Big Beaver</u> <u>Troy, MI 48084</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 checked="" type="checkbox"/> Fund Raiser		180.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-5-11</u> Name: <u>Sue Cole</u> Address: <u>4924 Anna</u> <u>Warren, MI 48092</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 checked="" type="checkbox"/> Fund Raiser		25.00	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-5-11</u> Name: <u>Richard Brodie</u> Address: <u>23142 Sherwood</u> <u>Warren, MI 48091</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>president</u> Employer <u>Wico</u> Business Address <u>23142 Sherwood, Warren MI 48091</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		120.00	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-5-11</u> Name: <u>Dennis Buchholtz</u> Address: <u>22332 Cyman Ave</u> <u>Warren, MI 48091</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 checked="" type="checkbox"/> Fund Raiser		60.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		385.00	
		2,215.00	

Enter this total on
line 3a of
Summary Page

**SCHEDULE 1A
CANDIDATE COMMITTEE**

2. Committee Name Friends of Carolyn Kurkowski Maceri

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 from committees 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>5-5-11</u> Name: <u>Dean Berry</u> Address: <u>32815 Eiffel Ave</u> <u>Warren, MI 48088</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 checked="" type="checkbox"/> Fund Raiser	60.00		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-5-11</u> Name: <u>Dennis Hertz</u> Address: <u>4782 Brockham Way</u> <u>Sterling Heights, MI 48310</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	120.00		
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-5-11</u> Name: <u>Roger Roy</u> Address: <u>28257 Armada Dr.</u> <u>Warren, MI 48088</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 checked="" type="checkbox"/> Fund Raiser	50.00		
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-5-11</u> Name: <u>Mary Clark</u> Address: <u>8681 Etna</u> <u>Warren, MI 48093</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 checked="" type="checkbox"/> Fund Raiser	60.00		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		290.00	
		2,505.00	

Enter this total on
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Summary Page

**SCHEDULE 1A
CANDIDATE COMMITTEE**

2. Committee Name Friends of Carolyn Kurkowski Maceri

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 from committees 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>5-5-11</u> Name: <u>Mary Kudla</u> Address: <u>30232 Austin Warren, MI 48092</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		120.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: <u>Amy Henderstein</u> Address: <u>20394 Shetland Dr Macomb, MI, 48044</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Library Director</u> Employer <u>City of Warren</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		150.00	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-5-11</u> Name: <u>David Koury</u> Address: <u>32730 Cambridge Dr Warren, MI 48093</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 checked="" type="checkbox"/> Fund Raiser		60.00	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-5-11</u> Name: <u>Doris Cass</u> Address: <u>20813 Albany Warren, MI 48091</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 checked="" type="checkbox"/> Fund Raiser		60.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		390.00 2,895.00	

Enter this total on line 3a of Summary Page

SCHEDULE 1A **CANDIDATE COMMITTEE**

1. Committee I.D. Number 101104
2. Committee Name Friends of Carolyn Kurkowski Mocer

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 from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-6-11</u></p> <p>Name: <u>Friends of Paul Wojno</u> Address: <u>32025 Margaret Ct.</u> <u>Warren</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	100.00		
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-5-11</u></p> <p>Name: <u>Mar. Sauger</u> Address: <u>7290 Helen</u> <u>Centerline, MI. 48015</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	60.00		
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-5-11</u></p> <p>Name: <u>EUGENE Sawyer</u> Address: <u>32332 Cambridge Dr.</u> <u>Warren, MI. 48093</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	60.00		
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-5-11</u></p> <p>Name: <u>Ruth Derringer</u> Address: <u>27646 Wigner</u> <u>Warren, MI. 48093</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>	100.00		
<p>Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)</p>		<p>320.00</p> <p>3215.00</p>	

Enter this total on line 3a of Summary Page

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 151734
2. Committee Name Friends of Carolyn Kurkowski Maceri

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 from committees 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>5-5-11</u> Name: <u>Comerica Inc.</u> Address: <u>P.O. Box 75000</u> <u>Detroit, MI 48215</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 checked="" type="checkbox"/> Fund Raiser	300.00		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-5-11</u> Name: <u>Michael Schnurr</u> Address: <u>26661 Burlert</u> <u>Warren, MI 48089</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>VP Finance</u> Employer <u>Lipari Foods</u> Business Address <u>26661 Burlert Warren, MI 48089</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	250.00		
3. Contribution #3 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			
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			

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

550.00
3,765.00

Enter this total on
line 3a of
Summary Page

3,765.00



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number

137956

2. Committee Name

Friends of Carolyn Kurkowski Mocerì

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Tony Mocerì</u> Address <u>8634 Edna</u> <u>Warren, MI. 48093</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>painter/web</u> Expenditure Code <u>EQ</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	2/7	284.06
Expenditure #2 Name <u>Carolyn Mocerì</u> Address <u>8634 Edna</u> <u>Warren, MI. 48093</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Food</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	2/11	234.00
Expenditure #3 Name <u>Macomb County Chamber</u> Address <u>of Commerce</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>State of city</u> Expenditure Code <u>IO</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	2/15	25.00
Expenditure #4 Name <u>C.T.E Kathy Vogt</u> Address <u>11214 Chicago Rd</u> <u>Warren, MI. 48093</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraiser</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	2/15	100.00
Expenditure #5 Name <u>office Max</u> Address <u>26475 Hoover</u> <u>Warren, MI. 48089</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>office</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	2/28	16.83

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

65989

659.89

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 137956
2. Committee Name Friends of Carolyn Kurkowski Mocerri

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Oak Ridge Hoover</u> Address <u>Warren, MI. 48093</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Food-staff meetings</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/8</u>	<u>11.67</u>
Expenditure #2 Name <u>Kathy Wilezynski</u> Address <u>31011 Fraser, MI 48026</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser</u> Expenditure Code <u>IC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/14</u>	<u>125.00</u>
Expenditure #3 Name <u>City of Warren</u> Address <u>201-Suite One City Square Warren, MI. 48093</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Filing fee</u> Expenditure Code <u>PF</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/7</u>	<u>100.00</u>
Expenditure #4 Name <u>Meijers</u> Address <u>13 Thirteen Mile Road Madison Heights, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign</u> Expenditure Code <u>GI</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/11</u>	<u>23.72</u>
Expenditure #5 Name <u>Postmaster</u> Address <u>Washington, Michigan</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/14</u>	<u>132.00</u>

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

392.39
1,052.28
Enter this total
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PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 137956
2. Committee Name Friends of Carolyn Kurkowski Mocer

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Walgreens</u> Address <u>11635 13 mile Rd</u> <u>Madison Heights</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>office</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/17</u>	<u>22.03</u>
Expenditure #2 Name <u>CVS</u> Address <u>3111 Schoenherr Rd</u> <u>Warren, MI. 48088</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>photo's</u> Expenditure Code <u>CN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/20</u>	<u>20.21</u>
Expenditure #3 Name <u>The Gallery</u> Address <u>10913 Thirteen mile Rd</u> <u>Warren, MI. 48093</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MISC</u> Expenditure Code <u>GI</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/20</u>	<u>26.50</u>
Expenditure #4 Name <u>Deater Discount</u> Address <u>8199 Ten Mile Rd</u> <u>Centerline, MI 48015</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MISC</u> Expenditure Code <u>GI</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/21</u>	<u>42.39</u>
Expenditure #5 Name <u>CVS</u> Address <u>3678 -15 mile Rd</u> <u>Sterling Heights, MI.</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>office</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/25</u>	<u>12.66</u>

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

123.79

1,176.07

Enter this total
on line 8a of
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PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 137956
2. Committee Name Friends of Carolyn Kurkowski Mocerri

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Walgreens</u> Address <u>2938 E Longlake Rd</u> <u>Troy, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>subscription</u> Expenditure Code <u>SU</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/26</u>	<u>18.12</u>
Expenditure #2 Name <u>Mocerri Creative</u> Address <u>8634 Edna</u> <u>Warren, MI 48093</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>print advertising</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/2</u>	<u>183.38</u>
Expenditure #3 Name <u>The Gazebo</u> Address <u>31104 Mound Rd</u> <u>Warren, MI 48092</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>fundraiser</u> Expenditure Code <u>RE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/5</u>	<u>711.87</u>
Expenditure #4 Name <u>Friends of Paul Wojno</u> Address <u>32025 Margaret Ct.</u> <u>Warren, MI 48093</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>fundraiser</u> Expenditure Code <u>PP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/3</u>	<u>100.00</u>
Expenditure #5 Name <u>Meijer</u> Address <u>13 Thirteen Mile Rd</u> <u>Madison Heights, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>food exp.</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/12</u>	<u>119.73</u>

Subtotal this page
Grand Total of all Schedules 1B
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1,331.0
2,309.17
Enter this total
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Authority granted under P.A. 388 of 1976

CFR Rev 3/2002-1b



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137956
2. Committee Name Friends of Carolyn Kurkowski Mocer

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Petty Cash</u> Address <u>c/o Carolyn Mocer</u> <u>8634 Edna</u> <u>Warren, MI. 48093</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Supplies</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/6</u>	<u>200.00</u>
Expenditure #2 Name <u>Sawicki & Son</u> Address <u>1521 W. Lafayette</u> <u>Detroit, MI. 48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SIGNS</u> Expenditure Code <u>SA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/7</u>	<u>734.32</u>
Expenditure #3 Name <u>Meijer</u> Address <u>Utica Road #145</u> <u>Fraser, MI.</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>photo serv.</u> Expenditure Code <u>CN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/8</u>	<u>38.68</u>
Expenditure #4 Name <u>Mr & Mrs. Finnigan</u> Address <u>639 Provincetown Rd</u> <u>Auburn Hills, MI. 48326</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>wedding</u> Expenditure Code <u>GI</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/18</u>	<u>100.00</u>
Expenditure #5 Name <u>Frank Vogt</u> Address <u>31698 Mound Rd</u> <u>Warren, MI. 48092</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>meet the candidate</u> Expenditure Code <u>NF</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/20</u>	<u>75.00</u>

Subtotal this page
Grand Total of all Schedules 1B
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1,148.00
3,457.17

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Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number

137956

2. Committee Name

Friends of Carolyn Kurkowski Mocerri

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
<p>Expenditure #1</p> <p>Name Jo Ann</p> <p>Address 32065 John R. Madison Heights, MI 48071</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: signs</p> <p>Expenditure Code SA</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	6/29	109.71
<p>Expenditure #2</p> <p>Name C.T.E Donna Caumartin</p> <p>Address 11239 Tara Warren, MI 48093</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: fundraiser</p> <p>Expenditure Code PP</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	6/29	100.00
<p>Expenditure #3</p> <p>Name Jo Ann</p> <p>Address 14367 Hall Rd Shelby Township MI 48315</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: print advertising</p> <p>Expenditure Code PA</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	7/2	49.65
<p>Expenditure #4</p> <p>Name Barnes & Noble</p> <p>Address 396 John R Troy, MI 48083</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: Books/mag.</p> <p>Expenditure Code SU</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	7/11	58.17
<p>Expenditure #5</p> <p>Name Meyers</p> <p>Address Utica Road Fraser, Mich.</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: office</p> <p>Expenditure Code OE</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	7/11	109.58

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Grand Total of all Schedules 1B
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427.11

3,884.28

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PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137956
2. Committee Name Friends of Carolyn Kurkowski Mocer

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Lowe's</u> Address <u>31140 Van Dyke</u> <u>Warren, MI 48093</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Signs</u> Expenditure Code <u>SA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/11</u>	<u>117.96</u>
Expenditure #2 Name <u>T.C.F Bank</u> Address <u>(Bank fees)</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Bank fees</u> Expenditure Code <u>BK</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		<u>3.60</u>
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page
Grand Total of all Schedules 1B
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121.56
4005.84
Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number

137956

2. Committee Name

Friends of Carolyn Kurkowski Mocerì

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 (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: Anthony Mocerì 8634 Edna Dr. Warren, MI. 48093 Corp? <input type="checkbox"/> Yes	4. Type: <u>Loan</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>7-11-07</u> 6. Original Amount of Debt: <u>\$ 1,800.00</u>	<u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$	\$ _____	<u>\$ 1,800.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Owed to or by: Anthony Mocerì 8634 Edna Warren, Michigan 48093 Corp? <input type="checkbox"/> Yes	4. Type: <u>Loan</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>7-30-07</u> 6. Original Amount of Debt: <u>\$ 4,000.00</u>	<u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$	<u>\$ 5,800.00</u>	<u>4,000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Owed to or by: Anthony Mocerì 8634 Edna Drive Warren, MI. 48093 Corp? <input type="checkbox"/> Yes	4. Type: <u>Loan</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>7-30-07</u> 6. Original Amount of Debt: <u>\$ 250.00</u>	<u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$	<u>6,050.00</u>	<u>250.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

6,050.00

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

6,050.00

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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

137956

2. Committee Name

Friends of Carolyn Kurkowski Mocerì

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 (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: Anthony Mocerì 8634 Edna Dr. Warren, MI. 48093 Corp? <input type="checkbox"/> Yes	4. Type: <u>Loan</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>10.19.07</u> 6. Original Amount of Debt: \$ <u>500.00</u>	<u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$	\$ _____	\$ <u>500.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Owed to or by: Anthony Mocerì 8634 Edna Dr. Warren, MI. 48093 Corp? <input type="checkbox"/> Yes	4. Type: <u>Loan</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>10.7.07</u> 6. Original Amount of Debt: \$ <u>2,000.00</u>	<u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$	\$ _____	\$ <u>2,000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Owed to or by: Anthony Mocerì 8634 Edna Dr. Warren, MI. 48093 Corp? <input type="checkbox"/> Yes	4. Type: <u>Loan</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>10.7.07</u> 6. Original Amount of Debt: \$ <u>3,000.00</u>	<u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$ <u>1</u> / <u>1</u> \$	\$ _____	\$ <u>3,000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

5,500.00
11,550.00

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

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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 137956
2. Committee Name Friends of Carolyn Kurkowski Mocer

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 (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: <u>Anthony Mocer</u> <u>8634 Edna</u> <u>Warren, MI. 48093</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>Loan</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>10-20-07</u> 6. Original Amount of Debt: <u>\$ 3,000.00</u>	<u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$	\$	\$ <u>3,000.00</u> <input type="checkbox"/> FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #2 Owed to or by: <u>Anthony Mocer</u> <u>8634 Edna</u> <u>Warren, MI. 48093</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>Loan</u> Code <u>LO</u> 5. Date Debt Was Incurred: <u>10-31-07</u> 6. Original Amount of Debt: <u>\$</u>	<u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$	\$	\$ <u>2,000.00</u> <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #3 Owed to or by: Corp? <input type="checkbox"/> Yes	4. Type: Code 5. Date Debt Was Incurred: 6. Original Amount of Debt: \$	<u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$		<input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Page Subtotal (Outstanding debt)

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

5,000.00

16,550.00

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137956
2. Committee Name Friends of Carolyn Kurkowski Maceri

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>5</u> <u>5</u> <u>11</u> Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater) <u>40</u>	5. Type of Fund Raising Activity <u>Dinner</u>	6. Address and Name (if any) of the place where the activity was held <u>The Gazebo</u> <u>31104 mound</u> <u>Warren, MI 48091</u> <input type="checkbox"/> Private Residence
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7. Total Contributions of \$20.00 or less _____
8. Total Contributions of \$20.01 or more 3,765.00
9. SUBTOTAL (Add lines 7 and 8) 3,765.00
10. Other Receipts 0
11. Gross Receipts (Add lines 9 and 10) 3,765.00
12. Total Cost of Event* 1,014.98
13. ☐ Check if event was a joint fund raiser and complete the following:

*Includes In-Kind Contributions and All
Expenditures Made For the Event

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.