



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number 137250		3. This Statement covers From: <u>08/23/11</u> to <u>10/23/11</u>	
2. Committee Name CTE Scott C. Stevens		4. Candidate Last Name Stevens First Name Scott M.I. C 4a. Office Sought Including District # or Community Served (if applicable) Warren City Council at large 4b. County of Residence Macomb	
5. Committee's Mailing Address 11730 Aleta Circle Warren, MI 48093 Area Code and Phone (586) 486-4438 <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 Kathy Stevens 11730 Aleta Circle Warren, MI 48093 Area Code & Phone (586) 486-4438	
7. Treasurer's Business Address 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 _____	

11 OCT 25 AM 8:04
 CLERK
 MACOMB COUNTY
 MI. CLERK

FILED

9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> Primary <input type="checkbox"/> Convention <input type="checkbox"/> Special </div> <div> <input checked="" type="checkbox"/> General <input type="checkbox"/> School <input type="checkbox"/> Caucus </div> </div> Date of Election, Convention or Caucus <u>11/08/11</u>		9c. <input type="checkbox"/> Annual Statement (_____ 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 _____ <small>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.</small> <small>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.

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 Kathy Stevens Type or Print Name <i>Kathy Stevens</i> Signature Date <u>10-24-11</u>
	Candidate Scott C. Stevens Type or Print Name <i>Scott C. Stevens</i> Signature Date <u>10-24-11</u>



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 137250

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Scott C. Stevens

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>10,310.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$10,310.00</u>	(18.) \$ <u>\$19,820.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u></u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$10,310.00</u>	(20.) \$ <u>\$19,820.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 6)	(6.) \$ <u>\$55.57</u>	(21.) \$ <u>\$607.57</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u></u>	(22.) \$ <u></u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$8,653.27</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u></u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u></u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$8,653.27</u>	(23.) \$ <u>\$24,167.31</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u></u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u></u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u></u>	(24.) \$ <u></u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$27,363.50</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u></u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$756.95</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$10,310.00</u>	
	(15.) = \$ <u>\$11,066.95</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$8,653.27</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$2,413.68</u>	

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**1. Committee I.D. Number 1372502. Committee Name CTE Scott C Stevens

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? <input type="checkbox"/> YES	4. Date of Receipt <u>08/24/11</u>		
Name & Address: City of Warren One City Square Warren, MI 48093			\$ <u>100.00</u>	\$ <u>100.00</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 #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/25/11</u>		
Name & Address: Kathy Stevens 11730 Aleta Circle Warren, MI 48093			\$ <u>5000.00</u>	\$ <u>5000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Distribution Manager</u> Employer <u>Nelson Dental Lab</u> Business Address <u>1020 Hamlin Rd Rochester Hills, MI 48309</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/06/11</u>		
Name & Address: Jennifer Chehab 3648 Orchard Lake Rd W Bloomfield, MI 48324			\$ <u>60.00</u>	\$ <u>60.00</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 checked="" type="checkbox"/> Fund Raiser			Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/06/11</u>		
Name & Address: Michael A Chirco Living Trust 46600 Romeo Plank Rd Ste 5 Macomb, MI 48044			\$ <u>120.00</u>	\$ <u>240.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>MJC Homes, Inc</u> Business Address <u>46600 Romeo Plank Rd Macomb, MI 48044</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			Click Here for Memo Itemization	

Page Subtotal **\$5,280.00**Grand Total of All Schedules 1A
(Complete on last page of Schedule)Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137250
2. Committee Name CTE Scott C. Stevens

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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/06/11</u>	
Name & Address: <u>Walter Alix</u> <u>3233 N. Elder</u> <u>W. Bloomfield, MI 48324</u>		\$ <u>120.00</u>	\$ <u>240.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Vice President</u> Employer <u>Hubbell, Roth, & Clark</u> Business Address <u>555 Hulet Dr. Bloomfield Hills, MI 48302</u> Type of Contribution: <input 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>10/06/11</u>	
Name & Address: <u>John Axe</u> <u>21 Kercheval Ave. Ste 360</u> <u>Grosse Pte Farms, MI 48236</u>		\$ <u>240.00</u>	\$ <u>360.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Financial Consultant</u> Employer <u>Municipal Financial Consultant Axe & Ecklund</u> Business Address <u>21 Kercheval Ave. Ste 360 Grosse Pte Farms, MI 48236</u> Type of Contribution: <input 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>10/06/11</u>	
Name & Address: <u>Nancy Bourgeois</u> <u>7258 Coolidge</u> <u>Centerline, MI 48015</u>		\$ <u>60.00</u>	\$ <u>60.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/06/11</u>	
Name & Address: <u>Lorenzo Cavaliere</u> <u>30078 Schoenherr Ste 300</u> <u>Warren, MI 48088</u>		\$ <u>60.00</u>	\$ <u>180.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>General Manager</u> Employer <u>Cavaliere companies</u> Business Address <u>30078 Schoenherr Ste 300 Warren, MI 48088</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$480.00

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

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137250
2. Committee Name CTE Scott C. Stevens

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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/06/11</u>	
Name & Address: Danuta Dordeski 2522 Parkway Ct Shelby Twp., MI 48316		\$ <u>60.00</u>	\$ <u>60.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/06/11</u>	
Name & Address: Stanley Grot 11927 Hiawatha Dr Shelby Twp., MI 48315		\$ <u>60.00</u>	\$ <u>60.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/06/11</u>	
Name & Address: Florence Harper 23922 Ada Warren, MI 48091		\$ <u>60.00</u>	\$ <u>110.00</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		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/06/11</u>	
Name & Address: Edward Hertz 3158 Dallas Ave Warren, MI 48091		\$ <u>120.00</u>	\$ <u>240.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Service Towing</u> Business Address <u>6006 Rinke Ave Warren, MI 48091</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$300.00**

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

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137250
2. Committee Name CTE Scott C. Stevens

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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/06/11</u>	
Name & Address: Thomas Pawelkowski 11272 River Dr Warren, MI 48093		\$ <u>60.00</u>	\$ <u>60.00</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/06/11</u>	
Name & Address: Jed Pratt 29302 Norma Warren, MI 48093		\$ <u>120.00</u>	\$ <u>240.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input 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>10/06/11</u>	
Name & Address: Roy Rose 55620 Woodbridge Dr Shelby Twp., MI 48316		\$ <u>60.00</u>	\$ <u>180.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Civil Engineer</u> Employer <u>Anderson Eckstein & Westrick</u>		Click Here for Memo Itemization	
Business Address <u>51301 Schoenherr Shelby Twp, MI 48315</u>			
Type of Contribution: <input 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>10/06/11</u>	
Name & Address: Howard Shifman 370 E Maple Ste 200 Birmingham, MI 48009		\$ <u>300.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u>		Click Here for Memo Itemization	
Business Address <u>370 E Maple Ste 200 Birmingham, MI 48009</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **\$540.00**

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

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 1372502. Committee Name CTE Scott C. Stevens

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 Name & Address: Arthur Miller 11139 Olive Warren, MI 48093	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/06/11</u>	\$ <u>120.00</u>	\$ <u>270.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Lobbyist</u> Employer _____ Business Address <u>11139 Olive Warren, MI 48093</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: David Monette 3827 Common Road Warren, MI 48092	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/06/11</u>	\$ <u>60.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer/Manager</u> Employer <u>City of Warren</u> Business Address <u>One City Square Warren, MI 48093</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: Melinda Moore 11530 Short Dr Warren, MI 48093	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/06/11</u>	\$ <u>60.00</u>	\$ <u>60.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: Greg Paliczuk 32044 Margaret Ct Warren, MI 48093	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/06/11</u>	\$ <u>60.00</u>	\$ <u>180.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Director of Property Manager</u> Employer <u>City of Warren</u> Business Address <u>One City Square Warren, MI 48093</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$300.00Grand Total of All Schedules 1A
(Complete on last page of Schedule)Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137250
2. Committee Name CTE Scott C. Stevens

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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/06/11</u>	
Name & Address: Dennis Hertz 4782 Brockham Way Sterling Heights, MI 48310		\$ <u>120.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Service Towing</u> Business Address <u>6006 Rinke Ave Warren, MI 48091</u> Type of Contribution: <input 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>10/06/11</u>	
Name & Address: Sallie Hock 12152 Carol Ave Warren, MI 48093		\$ <u>100.00</u>	\$ <u>400.00</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		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/06/11</u>	
Name & Address: Robert Maleszyk 35387 Kensington Sterling Heights, MI 48312		\$ <u>60.00</u>	\$ <u>60.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/06/11</u>	
Name & Address: Alfred Mattioli 6085 McGuire Rd Fenton, MI 48430		\$ <u>200.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Mattioli Cement</u> Business Address <u>6085 McGuire Rd Fenton, MI 48430</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$480.00**

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

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137250
2. Committee Name CTE Scott C. Stevens

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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/06/11</u>	
Name & Address: <u>Jere Green</u> <u>14255 Weier</u> <u>Warren, MI 48088</u>		\$ <u>60.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Police Commissioner</u> Employer <u>City of Warren</u> Business Address <u>One City Square Warren, MI 48093</u> Type of Contribution: <input 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>10/06/11</u>	
Name & Address: <u>Louis Galasso</u> <u>30705 Moroso Dr</u> <u>Warren, MI 48088</u>		\$ <u>60.00</u>	\$ <u>110.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Deputy Commissioner</u> Employer <u>City of Warren</u> Business Address <u>One City Square Warren, MI 48093</u> Type of Contribution: <input 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>10/06/11</u>	
Name & Address: <u>James Hartley</u> <u>11092 Dodge</u> <u>Warren, MI 48092</u>		\$ <u>60.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Admin. Supervisor/Citistat</u> Employer <u>City of Warren</u> Business Address <u>One City Square Warren, MI 48093</u> Type of Contribution: <input 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>10/06/11</u>	
Name & Address: <u>Joseph Kovalcik</u> <u>31990 Aline Dr</u> <u>Warren, MI 48093</u>		\$ <u>60.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Waste Water Treatment Professional</u> Employer <u>City of Warren Waste Water Division</u> Business Address <u>One City Square Warren, MI 48093</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$240.00**

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

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137250

2. Committee Name CTE Scott C Stevens

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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/06/11</u>	
Name & Address: David Stevens 7489 Bownes Mill Rd Middleville, MI 49333		\$ <u>100.00</u>	\$ <u>160.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input 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>10/06/11</u>	
Name & Address: Joseph Vicari 7096 E 14 Mile Rd Warren, MI 48092		\$ <u>120.00</u>	\$ <u>240.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>Andiamo West</u>		Click Here for Memo Itemization	
Business Address <u>7096 E 14 Mile Rd Warren, MI 48092</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>10/06/11</u>	
Name & Address: Warren Chapter Local 1917 AFSCME Pac Fund 4345 Tuxedo Warren, MI 48092		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address <u>4345 Tuxedo Warren, MI 48092</u>			
Type of Contribution: <input 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>10/06/11</u>	
Name & Address: Denise Wiecek 32116 Vegas Dr Warren, MI 48093		\$ <u>120.00</u>	\$ <u>180.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Manager Senior Citizen Housing</u> Employer <u>City of Warren</u>		Click Here for Memo Itemization	
Business Address <u>One City Square Warren, MI 48093</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **\$400.00**

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

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137250
2. Committee Name CTE Scott C. Stevens

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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/06/11</u>	
Name & Address: Thomas Daly 2121 Biddle Ave Wyandotte, MI 48192		\$ <u>100.00</u>	\$ <u>100.00</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/06/11</u>	
Name & Address: Leo Clower P.O. Box 3248 Centerline, MI 48015		\$ <u>120.00</u>	\$ <u>220.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Forestry</u> Employer <u>City of Southfield</u>		Click Here for Memo Itemization	
Business Address <u>26000 Evergreen Road Southfield, MI 48037</u>			
Type of Contribution: <input 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>10/06/11</u>	
Name & Address: Robert Huth 2486 Hawthorne Dr S Shelby Twp., MI 48316		\$ <u>200.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Centre Court Properties, LLC</u>		Click Here for Memo Itemization	
Business Address <u>19500 Hall Rd Ste 100 Clinton Twp., MI 48038</u>			
Type of Contribution: <input 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>10/06/11</u>	
Name & Address: Wilbert McAdams 1235 Dufrein Ave Pontiac, MI 48342		\$ <u>120.00</u>	\$ <u>180.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Fire Commissioner</u> Employer <u>City of Warren</u>		Click Here for Memo Itemization	
Business Address <u>One City Square Warren, MI 48093</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal \$540.00

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

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137250
2. Committee Name CTE Scott C. Stevens

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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/06/11</u>	
Name & Address: Lentine Mortgage Investment Company 29377 Hoover Rd Warren, MI 48093		\$ <u>120.00</u>	\$ <u>120.00</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 checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/06/11</u>	
Name & Address: William Gambil 25708 Patricia Warren, MI 48091		\$ <u>60.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Administrator</u> Employer <u>City of Warren</u>		Click Here for Memo Itemization	
Business Address <u>One City Square Warren, MI 48093</u>			
Type of Contribution: <input 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>10/06/11</u>	
Name & Address: James Biernat 39724 Berkley Clinton Twp., MI 48038		\$ <u>60.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input 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>10/06/11</u>	
Name & Address: Richard Brodie 23142 Sherwood Warren, MI 48091		\$ <u>120.00</u>	\$ <u>180.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Wico Metal</u>		Click Here for Memo Itemization	
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			

Page Subtotal **\$360.00**

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

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137250

2. Committee Name CTE Scott C Stevens

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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/06/11</u>	
Name & Address: <u>Lisa Mancini</u> <u>2017 Hickory Trail Dr</u> <u>Rochester Hills, MI 48309</u>		\$ <u>60.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Manager</u> Employer <u>Windemere Park</u> Business Address <u>31800 Van Dyke Warren, MI 48093</u> Type of Contribution: <input 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>10/06/11</u>	
Name & Address: <u>Jack Doheny</u> <u>P.O.Box 609</u> <u>Northville, MI 48167</u>		\$ <u>60.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Jack Doheny Supplies</u> Business Address <u>777 Doheny Ct Northville, MI 48167</u> Type of Contribution: <input 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>10/06/11</u>	
Name & Address: <u>Bernard Nabors</u> <u>27731 Dowland St</u> <u>Warren, MI 48092</u>		\$ <u>60.00</u>	\$ <u>60.00</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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/06/11</u>	
Name & Address: <u>Pete Wizniuk</u> <u>8300 13 Mile Road</u> <u>Warren, MI 48093</u>		\$ <u>60.00</u>	\$ <u>180.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Assistant Bldg Director</u> Employer <u>City of Warren</u> Business Address <u>One City Square Warren, MI 48093</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$240.00

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

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137250
2. Committee Name CTE Scott C. Stevens

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? <input type="checkbox"/> YES	4. Date of Receipt <u>10/06/11</u>		
Name & Address: Lark Samouelian 298 Harvard Howell, MI 48843			\$ <u>60.00</u>	\$ <u>60.00</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 checked="" type="checkbox"/> Fund Raiser			Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/06/11</u>		
Name & Address: Sara Digiovanni 13740 Sherman Ave Warren, MI 48089			\$ <u>30.00</u>	\$ <u>30.00</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 checked="" type="checkbox"/> Fund Raiser			Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/06/11</u>		
Name & Address: Patricia Sullivan 25132 Saint Clement Dr Warren, MI 48089			\$ <u>100.00</u>	\$ <u>100.00</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 checked="" type="checkbox"/> Fund Raiser			Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/11/11</u>		
Name & Address: Kathy Stevens 11730 Aleta Circle Warren, MI 48093			\$ <u>720.00</u>	\$ <u>5720.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Distribution Manager</u> Employer <u>Nelson Dental Lab</u> Business Address <u>1020 Hamlin Road Warren, MI 48093</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			Click Here for Memo Itemization	

Page Subtotal **\$910.00**

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

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137250

2. Committee Name CTE Scott C. Stevens

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>10/20/11</u> Name & Address: Warren Professional Firefighters Separate Segregated Fund 3272 E 12 Mile #107 Warren, MI 48092 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address <u>3272 E 12 Mile #107 Warren, MI 48092</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>240.00</u>	\$ <u>480.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 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	
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		\$ _____	\$ _____
		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 **\$240.00**

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

\$10,310.00

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 137250

2. Committee Name CTE Scott C. Stevens

CANDIDATE COMMITTEE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 PAC Receipt? <input checked="" type="checkbox"/> Yes Name & Address: Right to Life of Michigan PAC 2340 Porter St P.O. Box 901 Grand Rapids, MI 49509 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>List Rental</u> 5. Date Of Receipt: <u>09/16/11</u> 6. Vendor Name & Address:	\$ 55.57	\$ 55.57
Click for Memo Itemization Type			
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____
Click for Memo Itemization Type			
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____
Click for Memo Itemization Type			
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal

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

Enter this total
on line 6 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number **137250**
2. Committee Name **CTE Scott C. Stevens**

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 TCF National Bank Address P.O. Box 537980 Livonia, MI 48153 <input type="checkbox"/> Fund Raiser	Purpose: <u>Bank fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/23/11</u> Date	<u>\$ 9.95</u> Click Here for Memo Itemization Type
Expenditure #2 Name St. Sylvester Church Address 11200 Twelve Mile Road Warren, MI 48093 <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertising cost</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/15/11</u> Date	<u>\$ 100.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name St. Edmund Church Address 14025 Twelve Mile Road Warren, MI 48088 <input type="checkbox"/> Fund Raiser	Purpose: <u>Contribution-Parish Picnic</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/18/11</u> Date	<u>\$ 50.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name US Post Master Address Southfield, MI <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/19/11</u> Date	<u>\$ 220.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name 12th District GOP Address P.O. Box 1690 Warren, MI 48090 <input type="checkbox"/> Fund Raiser	Purpose: <u>Membership</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/20/11</u> Date	<u>\$ 25.00</u> Click Here for Memo Itemization Type

Subtotal this page

\$404.95

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

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 137250
2. Committee Name CTE Scott C. Stevens

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 Italian Tribune Address P.O. Box 380407 Clinton Twp., MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: Ad <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/24/11 Date	\$ 128.00 Click Here for Memo Itemization Type
Expenditure #2 Name Clark Graphics, Inc Address 21914 Schmeman Warren, MI 48089 <input type="checkbox"/> Fund Raiser	Purpose: Mailer <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/26/11 Date	\$ 1156.46 Click Here for Memo Itemization Type
Expenditure #3 Name Manhattan Mailers Address 51132 Milano Dr Macomb, MI 48042 <input type="checkbox"/> Fund Raiser	Purpose: Mailer <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/28/11 Date	\$ 2045.03 Click Here for Memo Itemization Type
Expenditure #4 Name REM Printing Company Address 10631 Harper Ave Detroit, MI 48213 <input checked="" type="checkbox"/> Fund Raiser	Purpose: Mailing/Tickets Fundraiser <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/06/11 Date	\$ 587.00 Click Here for Memo Itemization Type
Expenditure #5 Name Paw Graphics Inc Address 214 Crocker Blvd Mt Clemens, MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: Mailer layout <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/06/11 Date	\$ 240.00 Click Here for Memo Itemization Type

Subtotal this page

\$4,156.49

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

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 137250
2. Committee Name CTE Scott C. Stevens

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>TCF National Bank</u> Address <u>P.O. Box 537980</u> <u>Livonia, MI 48153</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Bank fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/23/11</u> Date	\$ <u>9.95</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Warren Symphony Society</u> Address <u>4504 E 9 Mile Road</u> <u>Warren, MI 48091</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Roast ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/01/11</u> Date	\$ <u>125.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>Champagne's Wine Cellars</u> Address <u>7001 Chicago Road</u> <u>Warren, MI 48092</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Door prizes - fund raiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/06/11</u> Date	\$ <u>139.79</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>Andiamo's Banquet Center</u> Address <u>7096 E 14 Mile Rd</u> <u>Warren, MI 48093</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Hall/dinner fund raiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/06/11</u> Date	\$ <u>1500.09</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>Pieze Raybon</u> Address <u>24506 Eastwood Village Ct</u> <u>Clinton Twp., MI 48035</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Entertainment - fund raiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/06/11</u> Date	\$ <u>150.00</u> Click Here for Memo Itemization Type
Subtotal this page			\$ <u>1,924.83</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			Enter this total on line 8a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 137250
2. Committee Name CTE Scott C Stevens

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>Right to Life Warren/Centerline</u> Address <u>2340 Porter St SW</u> <u>Grand Rapids, MI 49509</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Dinner</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/18/11</u> Date	\$ <u>100.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Clark Graphics, Inc</u> Address <u>21914 Schmeman</u> <u>Warren, MI 48089</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Literature</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/20/11</u> Date	\$ <u>2067.00</u> Click Here for Memo Itemization Type
Expenditure #3 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	\$ _____ Click Here for Memo Itemization Type
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	\$ _____ Click Here for Memo Itemization Type
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	\$ _____ Click Here for Memo Itemization Type
Subtotal this page			\$2,167.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$8,653.27

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 137250
2. Committee Name CTE Scott C. Stevens

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 8 minus Item 9) <input type="checkbox"/> FORGIVEN
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Scott C. Stevens 11730 Aleta Circle Warren, MI 48093	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10/14/03</u> 6. <u>Original Amount of Debt:</u> <u>\$ 200.00</u>	<u>05/09/11</u> \$ <u>20.00</u> <u>\$ 180.00</u> <u>\$</u> <u>\$</u> <u>\$</u>	\$ <u>200.00</u>	\$ <u>0</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: Scott C. Stevens 11730 Aleta Circle Warren, MI 48093	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10-20-03</u> 6. <u>Original Amount of Debt:</u> <u>\$ 236.27</u>	<u>05/09/11</u> \$ <u>236.27</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	\$ <u>236.27</u>	\$ <u>0</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: Scott C. Stevens 11730 Aleta Circle Warren, MI 48093	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10-22-03</u> 6. <u>Original Amount of Debt:</u> <u>\$ 7000.00</u>	<u>05/09/11</u> \$ <u>583.73</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	\$ <u>583.73</u>	\$ <u>6416.27</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$6,416.27**

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

137250

1. Committee I.D. Number

CTE Scott C. Stevens

2. Committee Name

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 8 minus Item 8) <input type="checkbox"/> FORGIVEN
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Scott C. Stevens 11730 Aleta Circle Warren, MI 48093	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> 06/05/07 6. <u>Original Amount of Debt:</u> \$ 100.00	\$ \$ \$ \$ \$	\$ 0.00	\$ 100.00 <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: Scott C. Stevens 11730 Aleta Circle Warren, MI 48093	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> 06/20/07 6. <u>Original Amount of Debt:</u> \$ 958.35	\$ \$ \$ \$ \$	\$ 0.00	\$ 958.35 <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: Scott C. Stevens 11730 Aleta Circle Warren, MI 48093	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> 06/28/07 6. <u>Original Amount of Debt:</u> \$ 3000.00	\$ \$ \$ \$ \$	\$ 0.00	\$ 3,000.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$				
Page Subtotal (Outstanding debt)				\$4,058.35
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.

2 5
Page _____ of _____



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 137250
CTE Scott C. Stevens
2. Committee Name _____

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 8 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Scott C. Stevens 11730 Aleta Circle Warren, MI 48093	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> 07/20/07 6. <u>Original Amount of Debt:</u> \$ 1,000.00	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ 0.00	\$ 1,000.00 <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: Scott C. Stevens 11730 Aleta Circle Warren, MI 48093	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> 07/26/07 6. <u>Original Amount of Debt:</u> \$ 128.25	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ 0.00	\$ 128.25 <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: Scott C. Stevens 11730 Aleta Circle Warren, MI 48093	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> 09/05/07 6. <u>Original Amount of Debt:</u> \$ 434.60	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ 0.00	\$ 434.60 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

\$1,562.85

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.

3 5
Page ____ of ____



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number **137250**
CTE Scott C. Stevens
2. Committee Name _____

This Schedule itemizes:

a. Debts and obligations owed by or forgiven by 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 guarantor, 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 Corp? <input type="checkbox"/> Yes Owed to or by: Scott C. Stevens 11730 Aleta Circle Warren, MI 48093	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> 09/20/07 6. <u>Original Amount of Debt:</u> \$ 500.00	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ 0.00	\$ 500.00 <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: Scott C. Stevens 11730 Aleta Circle Warren, MI 48093	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> 09/25/07 6. <u>Original Amount of Debt:</u> \$ 1,605.90	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ 0.00	\$ 1,605.90 <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: Scott C. Stevens 11730 Aleta Circle Warren, MI 48093	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> 10/03/07 6. <u>Original Amount of Debt:</u> \$ 7000.00	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ 0.00	\$ 7,000.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Page Subtotal (Outstanding debt)				\$9,105.90
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.

4 5
Page _____ of _____



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number **137250**
CTE Scott C. Stevens
2. Committee Name _____

This Schedule itemizes:				
a. Debts and obligations owed <u>by</u> or forgiven the committee OR b. Debts and obligations owed <u>to</u> or forgiven <u>by</u> 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 8 minus Item 8) <input type="checkbox"/> FORGIVEN
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Scott C. Stevens 11730 Aleta Circle Warren, MI 48093	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> 02/11/08 6. <u>Original Amount of Debt:</u> \$ 500.13	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ 0.00	\$ 500.13 <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: Kathy Stevens 11730 Aleta Circle Warren, MI 48093	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> 09/25/11 6. <u>Original Amount of Debt:</u> \$ 5,000.00	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ 0.00	\$ 5,000.00 <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: Kathy Stevens 11730 Aleta Circle Warren, MI 48093	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> 10/11/11 6. <u>Original Amount of Debt:</u> \$ 720.00	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ 0.00	\$ 720.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Page Subtotal (Outstanding debt)				\$6,220.13
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				\$27,363.50

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 137250

2. Committee Name CTE Scott C. Stevens

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>10/06/11</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>50</u>	5. Type of Fund Raising Activity <u>Dinner</u>	6. Address and Name (If any) of the place where the activity was held. Andiamo's Banquet Ctr 7096 E 14 Mile Road Warren, MI 48093. <input type="checkbox"/> Private Residence
---	---	---	--

7. Total Contributions \$4,250.00

8. Other Receipts \$0.00

9. Gross Receipts (Add lines 7 and 8) \$4,250.00

10. Total Cost of Event \$2,376.88
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.