

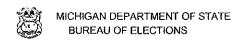
MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

11 OCT 28 PM 2: 14

CARMELLA SABAUGH MACOMB COUNTY CLERK MT. CLEOR DESIGNATIONALLY

CANDIDATE COMMITTEE COVER PAGE

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: 8-23-11 to 10-23-11
1. Committee I.D. Number	4. Candidate Last Name First Name M.I.
138742	Colegio Kelly J
	4a. Office Sought Including District # or Community Served (If applicable)
2. Committee Name	Warren City Council at Large
CTE Kelly Colegio	4b. County of Residence Macomb
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address
4081 Tuxedo	Kelly J. Colegio
Warren, MI. 48092	408/Tuxedo
Area Code and Phone <u>586-216-7437</u>	Warren MT- 48092
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.	Area Code & Phone 584-216-7437
7. Treasurer's Business Address	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
5460 Anden	
Warren, MT4892	SAME
Area Code and Phone <u>586-216-7437</u>	Area Code and Phone
9. TYPE OF STATEMENT	
9a. Pre-Election OR 9b. Post	-Election 9c. Annual Statement (2011 Coverage Year)
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
Primary	9e. Dissolution of Candidate Committee
Convention	end Effective Date of Dissolution
Special	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
Date of Election, Convention or Caucus	the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule
The state of the s	1B and the Summary Page.
A committee that does not have a Reporting waiver must he ail to Schedules. Direct contributions, in-kind contributions, loans, expering any of the information listed in items 2, 4, 5, 6, 7, or 8 has chang amendment to the Statement of Organization should accompany to before the filing deadline of a required campaign statement, the	equired Campaign Statements. The Campaign Statements must include all applicable inditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. The since the information was shown on the committee's Statement of Organization, an his Campaign Statement. If a request for a Reporting Waiver is not received on or hat campaign statement cannot be waived.
10. Verification: I/We certify that all reasonable diligence was used my/our knowledge and belief the contents are true, accurate and co	in the preparation of this statement and attached schedules (if any) and to the best of
Current Treasurer or Designated Record keeper	Kela Coligto Date 10-27-11 Signature Kally College Date 10-27-11
Type or Firint Name	Signature
Candidate Kelly Colegio	Date 10 William
Type or Print Name	Signature (/

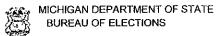


SUMMARY PAGE **CANDIDATE COMMITTEE**

1. Committee I.D. Number 138742

2. Committee Name CTE Kelly Colegio

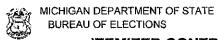
RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
a. itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	_
c. Subtotal of "Contributions"	(3c.) \$ <u>/2,430.00</u>	(18.) \$ <u>29,305.</u> (19.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <i>/2, 430.00</i>	(20.) \$ 29,305.
IN-KIND CONTRIBUTIONS & EXPENDITURES	- ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>565.57</u> (7.) \$ <u>Ø</u>	(21.)\$ 555.57
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ Ø	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 13,572.08 (8b.) \$ #	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	22 22 4/
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 13,572.08	(23.)\$ 28,270.06
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
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)		(04) 6
DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligations	(12a.)\$ 17,359.93	
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$BALANCE STATEMENT	
	2/77/05	
Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $s = \frac{2/77.02}{}$	
Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.)+\$ 12,430.00	
, , ,	(15.) = \$	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ <u>13,572.08</u>	
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 41,034.94	
(Subtract line 16 from line 15)		



1. Committee I.D. Number	13	01	12			
2. Committee Name	TE	Ke	114	Col	lea	ic

CANDIDATE COMMITTEE 2, Committee Name	TE NETTY COTEGIO
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 10-11-11 Name & Address: Richard A. Brodic 3500 Sherwood Warren MJ. 4809 5. If over \$100.00 cumulative, please provide: Occupation Employer	S (CO), OO S (OO) S (OO) S (OO)
Business Address	
Type of Contribution: Direct Loan from a person X Fund Raiser	1
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10-11-11 Name & Address Thomas M. Miskell Solle Stonehenge Dr. Rochester MT. 48306	\$ 100°00 \$ 100°00
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	•
Type of Contribution: Direct Loan from a person X Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10-11-11 Name & Address: Roy Rose 55620 Woodridge Dr. Shelby Twop MT. 48316 5. If over \$100.00 cumulative, please provide:	\$ 50,00 \$ 50.00 Click Here for Memo Itemization
Occupation Employer	
Business Address Type of Contribution: Direct Loan from a person X Fund Raiser	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10-11-11 Name & Address Jack Doheny P.O. Box 609 Northville 1MT. 48167	:50,00 : 150,00
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	Olicy Hele for Michino Rethization
Business Address	
Type of Contribution: Direct Loan from a person Y Fund Raiser	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary
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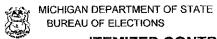
Page of ____



CANDIDATE COMMITTEE

1. Committee I.D. Number	13	874	2		
2 Committee Name	CIT	5	Kelly	(0)	ealo

CANDIDATE CONTINITIES 2. Committee Name		Sul Calcare
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt /0-2 - 1 Name & Address: Same & Biernat 39724 Berkley Clinton Twp, MT-48038 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$ 50,0 Click Here fo	s 50 ° 0° or Memo Itemization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10-21-11 Name & Address Sue Keffer 32757 McConnell CT. Warren, MT-48092	\$ 25,00	\$ 25.00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	_	
3. Contribution #3 Name & Address: Varren Professional Firefighters Separate Segregated fund 3.272 E. 12 Miles # 107 5. If over \$100.00 cumulative, please provide:	\$ 200,00 Click Here for	S HOO(CO) Memo Itemization
OccupationEmployer		
Business Address		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10-21-11 Name & Address MIChael A. Chirco Living Trust HU600 Romeo Plank Rd, Ste, 5 Macomb MT- 48044 5. If over \$100.00 cumulative, please provide:	€ ↓ CO , O C	\$ 150,00
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal	375,00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 2 of 15	Enter this total on line 3a of Summary Page.	



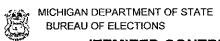
I. Committee I.D. Number 138742

SCHEDULE 1A	1. Committee I.D. Number _	10011	~ -
CANDIDATE COMMITTEE	2. Committee Name	E. Kelly	Colegio
Enter contributor's name and address. If contribution is from an individual, e middle initial. Check box to indicate if contribution is from a Political Commit Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: Jofin Beste 29359 Aline Dr. Warren, MF. 48093 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	1 10-21-11	\$ 50,000 Click Here fo	\$ 150,000 r Memo Itemization
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address Martha McHugh 11235 Phal RD. Grass Lake, MJ-49240 5. If over \$100.00 cumulative, please provide:	10-14-11	\$:500°CC	\$ 500.00 Memo Itemization
Occupation HOUSWIFE Employer			
Business Address 5AME			
Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: Howard Shifman 370 6. Maple STE 200 Birmingham MI. 48009 5. If over \$100.00 cumulative, please provide:	n 10-14-11	\$ 300,000 Click Here for	s_300,000
Occupation AHOLV Employer			
Business Address 370 F. Maph Ste 200 Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receivance & Address Warren Proffesional Firefighte Separate Searegand Fund 11304-14011e - Warren MJ. L 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person	pt 10-14-11	\$ 200 ,600 Click Here for	s_HOO P.3 · 2 Memo Itemization
	Page Subtotal	1,050	
Gra	nd Total of All Schedules 1A	,	

Page 3 of 15

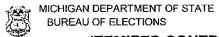
Grand Total of All Schedules 1A (Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



1. Committee I.D. Number	138	742		a	
2. Committee Name	TE	Kell	f (o	0	٥ر

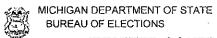
CANDIDATE COMMITTEE 2. Committee Name	1- 101	12 1016010
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	E	. Cumulative for lection Cycle for Each contributor (Through ate of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 16 - 14 - 11 Name & Address: Diane Bowman Second Chicago Rd. Warren, MJ. 48093 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person V Fund Raiser	s (a) (a) (b) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	s (C) OCI
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address Tean Dedecker Let H. Arden Ave. Warren 1717- H8092 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct	\$ 25.00 s Click Here for M	emo Itemization
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10-14-11 Name & Address: Marina Warren 18536 Wood bine Fraser MJ- 48036 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$ 50,00 Click Here for Me	\$_/(\(\overline{\pi}\), \(\overline{\pi}\) emo Itemization
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10-14-11 Name & Address A 2alia Zunig9 8220 Rath bene St. Detroit, MT. H8209 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$ 50 ,00 Click Here for Me	ss smo Itemization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

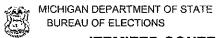
1. Committee I.D. Number 138742
2. Committee Name CTE Kelly Colegio

CANDIDATE COMMITTEE 2. Committee Name		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 10~14~1 Name & Address: LOUIS GA ASSO 30705 Moroso Dr., Warren IMF H 8088 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$ 50 ,00 Click Here fo	s 100 , 00
Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10-[4-1] Name & Address William Gambill 25908 Patricia Warren MI-48092 5. If over \$100.00 cumulative, please provide: Occupation	\$ 50°°C	\$SO
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10-14-11 Name & Address: Lark Samouelian 298 Harvard 1+owell, MI. H8843 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	\$ 50,00 Click Here for	s 100, coo Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10-14-11 Name & Address Marcia Smith 1711 Wey mouth Ave- West Blamfield, MT. H8384 5. If over \$100.00 cumulative, please provide:	\$ 50,00	s_50 - ∞ Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 5 of 15	Enter this total on line 3a of Summary Page.	



TEMIZED CONTRIBUTIONS	1 Committee LD Number 138742
SCHEDULE 1A	1. Committee I.D. Number
CANDIDATE COMMITTEE	2. Committee Name CTE. Kelly Colegio

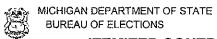
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10 - 11 - 11 Name & Address:	·	, date a recept,
Jere Green 14255 Weier Warren, MT-48088 5. If over \$100.00 cumulative, please provide:	\$ 50,0	or Memo Itemization
Occupation Employer	OROX FIELD II	or Memo Remization
Business Address		
Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt / O - / U - /	· · · · · · · · · · · · · · · · · · ·	
Delores Pranterg 32302 Shawn Br. Warren 1MT. 48088		s 50°00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		·
Business Address		
Type of Contribution: Direct Loan from a person X Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10 - 14-11		
Vaney Boargeois 7 258 Coolidge Centerline MF. H8015 5. If over \$100.00 cumulative, please provide:	\$ 50,000	\$ 50.00 Memo Itemization
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10 - 14-11		
James Slater 8210 Anchor Bay Dr. Clay, MI. 4800) 5. If over \$100.00 cumulative, please provide:	\$ 50,00	\$Memo Itemization
Occupation Employer	Click nere lor	Mento Remization
Type of Contribution: Direct Loan from a person Fund Raiser		
Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal	200,00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Number _	1385	142		
2. Committee Name	TE	Kelly	Cole	9/0

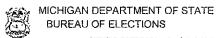
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 10-14-11 Name & Address: David Hendrickson 54807 Seeph Ronald Macombi MT- 48042 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	s_50.00 s_50.00 Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10-14-11 Name & Address William Dwyer 35862 Lone Pine Lane Farmington Hills MT- 48335 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$ 50.00 \$ 50.00 Click Here for Memo Itemization
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10-14-11 Name & Address: Sanice Hanway 50676 Jefferson E-6 New Baltimore MJ. 48047 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$ 50.00 \$ 50.00 Click Here for Memo Itemization
Type of Contribution: Direct Loan from a person Fund Raiser	
A. Contribution # 4 Name & Address May Fell Sman 39 495 Heatherheath Dr. Clinton Twy MF. H 6038 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$ 50.00 \$ 125.00 Click Here for Memo Itemization
Page Subtotal	200,00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary Page.



CANDIDATE COMMITTEE

1. Committee I.D. Nui	mber	2	40)		
2. Committee Name	CTE	Ke	114	0	1691	C

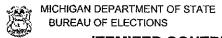
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 10-14-11 Name & Address: Paul Bakker	
13712 Castle Ave. Warren, MI, 48088 5. If over \$100.00 cumulative, please provide:	: 50,00 : 100,00
Occupation Employer	Click Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person K Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6 - 14 - 1	
Lyla Tanner 25073 Maywood woodhaven 1MF-48183	<u>\$ 100.00</u> <u>\$ 200.00</u>
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person X Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 16-14-11 Name & Address: Virgil Tanner 25073 May voca Woodhaven MT- 48183 5. If over \$100.00 cumulative, please provide:	\$ \langle OO \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person X Fund Raiser	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10 - 11 - 1	
Elva Diovardi Shawn Pr.	
	: 100.00 ; 200.00
WG Y パト \ Mゴー 5. If over \$100.00 cumulative, please provide:	
Occupation Employer	Click Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person X Fund Raiser	
Page Subtotal	350,0
Grand Total of All Schedules 1A	
(Complete on last page of Schedule)	Enter this total on line 3a of Summary



CANDIDATE COMMITTEE 2. Committee Name

1. Committee I.D. Number	13874	2

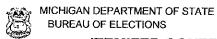
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt / O - L - Name & Address: Mar O Adam S Wilburt MC Adam S 1235 Puffain Portiac MT. 18342 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser		s 200,00 or Memo Itemization
A. Contribution #2 PAC Receipt? YES 4. Date of Receipt Dennis Hertz Brockham Way Sterling 1++5, MI- 48310 5. If over \$100.00 cumulative, please provide: DecupationEmployer Business Address Type of Contribution: Direct Loan from a person Tender in the provide	s <u>/Ó</u> () ^{, O} C Click Here fo	s 200,00 s Memo Itemization
Address: Sandra Hert Z HILL B Bay berry C+ Warren 1MT- 48092 i. If over \$100.00 cumulative, please provide: Deccupation Employer Type of Contribution: Direct Loan from a person X Fund Raiser	\$ / O O OC	\$Memo Itemization
Contribution #4 PAC Receipt? YES 4. Date of Receipt 10 - 14-11 lame & Address AMANGA MIKA 33886 WICKING RM Stenling Heights MT-H8316 If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Y Fund Raiser	\$ /OO - OO Click Here for	s /OO . OO Memo Itemization
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

1. Committee I.D. Nur	nber <u>138</u>	5742	
2. Committee Name	CTE	Kelly	Colegio

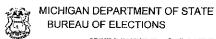
The second secon		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt D - / U Name & Address: Denise Willams 29410 Grandview 5T. Hannison Turk MI 48645 Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt / D - / U - / Name & Address Ranie Philips 617 Englwood. Dr. Rackster MI + 8309 5. If over \$100.00 cumulative, please provide:	\$ <u>/00</u> ,00	or Memo Itemization
Occupation Employer		
Business Address		•
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10-14-11 Name & Address: Athena Kovalci K 3 1990 Aline Pr. Warnen MJ-48093 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	\$ 50,00 Click Here for	\$ 50 .00 Memo Itemization
Type of Contribution: Direct Loan from a person Y Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10-14-11 Name & Address Ricardo Longenia 9 5 Cedan Wyandotte Mt. 48192 5. If over \$100.00 cumulative, please provide:	\$ 50 ,00	\$50°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°
Occupation Employer	Olick Hete lot	Wello Reilization
Business Address Loan from a person Fund Raiser Page Subtotal	300 ·00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Enter this total on line 3a of Summary Page.	



CANDIDATE COMMITTEE

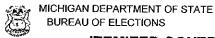
1. Committee I.D. Number 38742
2. Committee Name CT 6- Kelly Caleara

Z. Committee Name	10,10,	1) coredio
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: Thomas Pawel Kowski 11 272 River Dr. Warren MT-48093 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$_50 OC	\$ 125.00 or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person M Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt / () ^ L - Name & Address		
David Monette 3827 Common Warren, MI-48092 5. If over \$100.00 cumulative, please provide:	\$ 50,00	\$50°°°°
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10-14-11 Name & Address: Jodi Walny 28 231 Flander5 Warren IMI 18088 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$ 50 00 Click Here for	\$ <u>150</u> , ∞ Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10-[1-1] Name & Address		
Bernard Nabors 27731 Dowland ST- Warren 1 MI-H8092 5. If over \$100.00 cumulative, please provide:	\$50,00	\$ 100·00
Occupation Employer	Click Here for	Memo Itemization
Business Address Loan from a person Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 12 of 15	Enter this total on line 3a of Summary Page.	<u> </u>



1. Committee I.D. Number 138142

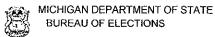
CANDIDATE COMMITTEE 2. Committee Name	TE Kelly Colea
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10-14-11 Name & Address: Adolphys Cq5t 19195 EldridgC 504thfield MT-H8076 5. If over \$100.00 cumulative, please provide:	\$ / OO · OO \$ 200 ,000 Click Here for Memo Itemization
Occupation Employer	
Type of Contribution: Direct Loan from a person X Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10-14-11 Name & Address Greg PaliCZ4K 32044 Margaret Count Warren 1997-148093 5. If over \$100.00 cumulative, please provide:	\$
Occupation Employer	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt (6-14-11) Name & Address: Kenneth Mc Freevy 25106 Fair 9 rove Wood haven 1M1-48183 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$ /00,00 \$ /00,00
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10 14-11 Name & Address Eddie Babbie 183 Congress Dr- Troy MJ- H8085 5. If over \$100.00 cumulative, please provide:	\$ 100.00 \$ 100.00 Click Here for Memo Itemization
Occupation Employer	
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 13 of 15	Enter this total on line 3a of Summary Page.



CANDIDATE COMMITTEE

1. Committee I.D. Number 138742

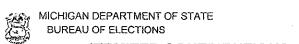
		COMMITTEE	2. Committee Nam	-	5. M	FILL CORDIC
middle initial. Chec	k box to indicate if co	contribution is from an indivi ntribution is from a Political C s regardless of amount.	dual, enter last name, first n ommittee or an Independer	name, 6. Ar	mount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
5. If over \$100.00 c	PAC Receipt Sytalo Lorrait n MT- L umulative, please pr	18093 ovide:	Receipt 10-14-			or Memo Itemization
Type of Contribution	: Direct	Loan from a person	X Fund Raiser			
3. Contribution #2 Name & Address Robert	PAC Receipt?		teceipt 10-14	-11	20,00	s 250 ^{,00}
Clintor	Two. m	7-48036		\$ <u>~</u>	700.	s_d20
5. If over \$100.00 ca	ımulative, please pro	ovide:		CI	lick Here for	Memo Itemization
Occupation		_ Employer	· · · · · · · · · · · · · · · · · · ·	_		
Business Address						
Type of Contribution:	Direct	Loan from a person	Fund Raiser	_		
5. If over \$100.00 cu Occupation Business Address Type of Contribution:		1	Fund Raiser	\$Clic	ck Here for	\$ Memo Itemization
Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date of F	Receipt			
5. If over \$100.00 cu	mulative, please pro	vide: _ Employer	· · · · · · · · · · · · · · · · · · ·	\$ Clic	ck Here for I	\$ Memo Itemization
Business Address		·		_		
Type of Contribution	Direct	Loan from a person	Fund Raiser			·
Page 14 of 1	5	(Co	Page St Grand Total of All Schedul Implete on last page of Sch	es 1A edule) Enter th	nis total on of Summary	



CANDIDATE COMMITTEE

T. Committee h.D. Hambor		L	<u> </u>		
Committee Name	CT	EK	$\langle e \rangle$	Ý	Co
			- •	`	

Enter contributor's name and addres middle initial. Check box to indicate Committee (PAC) Report all contributions.	if contribution is from a Political Con	ual, enter last name, first name, mmittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Rec Name & Address: Kelly Colege Tuxed 5. If over \$100.00 cumulative, pleas Occupation Business Address	io Warren MI. L18092	· · ·	s 30℃ Click Here fo	\$or Memo Itemization
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution #2 PAC Rece Name & Address	ipt? YES 4. Date of Re	ceipt 9 - 20 - 1)		
Kelly Colegio Host Tuxedo Warrenims 5. If over \$100.00 cumulative, pleas	, Ц8092 e provide:		\$ 4800 Click Here fo	\$r Memo Itemization
Occupation	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 3 PAC Rece Name & Address 5. If over \$100.00 cumulative, pleas.		о о о	\$_ Click Here for	\$ Memo Itemization
i				
Occupation	Employer	 		
Type of Contribution: Direct	Loan from a person	Fund Raiser		
Contribution # 4 PAC Rece Name & Address	ipt? YES 4. Date of Re	eceipł		
5. If over \$100.00 cumulative, please	e provide:		Click Hara for	Memo Itemization
Occupation	Employer		Click nere for	WIGHTO RETHIZATION
Business Address	-			}
Type of Contribution: Direct	Loan from a person	Fund Raiser		
21 Direct	L Jassii ilasii a poilasii	Page Subtotal	7 900	<u></u> .
Page 15 of 15		Grand Total of All Schedules 1A npiete on last page of Schedule)	12,430 Enter this total on line 3a of Summary Page.	



TEMIZED CONTRIBUTIONS	1287113
SCHEDULE 1A	1. Committee I.D. Number
CANDIDATE COMMITTEE	2. Committee Name CTE Kelly Colegio

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt O-U-I Name & Address: Loven 20 Cavaliere 30078 Schoenter Suite 300 Warren MT. H8035 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10-14-11 Name & Address Randy McClure ON CH Squard Warren MT. 48093 5. If over \$100.00 cumulative, please provide: Occupation Employer Employer Employer Employer	Collick Here for Memo Itemization Click Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10-14-1 Name & Address: Lisq Mancini S1660 Vandyle Waynen MT, 4803 5. If over \$100.00 cumulative, please provide: Occupation Employer	S 50,00 S 50,00 Click Here for Memo Itemization
Business Address Type of Contribution: Direct Loan from a person X Fund Raiser	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10-[4-1] Name & Address Dave Anderer 32480 Kelly Rd- Roseville MT-H8066 5. If over \$100.00 cumulative, please provide:	\$ 50,00 s 100,00 Click Here for Memo Itemization
Occupation Employer	
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Page	Enter this total on line 3a of Summary Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 138742

CANDIDATE COM	AITTEE 2. Committee Name CTE Y	velly Colegio
 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? X Yes Name & Address: Right to life of Mchygl 340 Porter ST. SW Para \$100.00 cumulative, please provide. SO Occupation: Employer Name & Business Address:	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description 15+ Rental 5. Date Of Receipt: 9-10-11 6. Vendor Name & Address:	55,57 \$ 55,57
Contribution #2 PAC Receipt? Yes Name & Address DINO Turen to 25 121 5t. Lause Dr. Warren MT. 48092 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: P1220 BX 5140 Edwin 1+9 m4 19/16 MI	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN Description Pi22a bex printing 5. Date Of Receipt: 6. Vendor Name & Address:	500,00 \$ 500,00
Fund Raiser Contribution Contribution #3 PAC Receipt? Yes Name & Address:	4 Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated \$ Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others	\$
Employer Name & Address:	Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	ick Here for Memo Itemization
Fund Raiser Contribution		
	Page Subtota	555,57
	Grand Total of all Schedules 1-If (Complete on last page of Schedule	555.57

Enter this total on line 6 of Summary Page



ITEMIZED EXPENDITURES

ITEMIZED EXPENDITURES	129742
SCHEDULE 1B	Committee I. D. Number
CANDIDATE COMMITTEE 2.6	Committee Name CIE Kelly Colegio
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1 Name Caldwell Graphics	9-8-11 \$ 1.500
Address 33490 Groesbeck Fraser, MJ-48026	Purpose: Printing Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Name Macomb County Clerk	Purpose: Late Filing Fee 9-10-11 \$ 25.00
Address	Purpose: Late I-ling Fee Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #3 Name Manhattan Mailers Address 51132 Milano Drive Macomb, MI. 48042	Purpose: Mailing Q-14-11 \$ 1955.03 Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #4 Name Caldwell Graphics Address 33490 Groesback Fraser, MI. 48626	Purpose: Printing 9-20-11 \$ 1,790 Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #5 Name Manhattan Mailers Address 51132 Milano Drive Macomb M. 19642	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous
Fund Raiser	Subtotal this page 1225. Cla

Enter this total on line 8a of Summary Page

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



ITEMIZED EXPENDITURES **SCHEDULE 1B**

CANDIDATE COMMITTEE 2. Committee Name 3. Name and address of person or vendor to whom paid 4. Purpose (Required Information) Expenditure #1 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #2 The Gazebo Name 31104 Mound Rd. Warren, MI, 48092 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous X Fund Raiser statement Expenditure #3 Gazelo Name 31104 Mound Kd. Warren MIT. 48092 Click Here for Memo Itemization Type Check box if this expenditure is payment of Fund Raiser debt or obligation reported on previous statement Expenditure #4 Name Caldwell Graphics Address 33490 Groesbeck Frager, MI. 48026 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #5 Manhattan Maikers Name 51132 Milano Drive Address Macomb, MI, 48042 Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous **Fund Raiser**

Subtotal this page

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

Enter this total on line 8a of Summary Page

Page 2 of 2



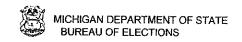
DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Numb	er	<u>3'19 a</u>	
2. Committee Name	CTE	Kelly	Colegio

CANDIDATE COMMITTEE	Committee Name	= KETTY	Coled A	<u> </u>
This Schedule itemizes:	, , , , , , , , , , , , , , , , , , , ,			
	nmittee OR b. Debt ck either a or b. Use only for the pu	ts and obligations owed <u>to</u> or urpose checked.)	r forgiven by the cor	mmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: LOAN	\$\$		
Kelly Colegio	5. <u>Date Debt Was Incurred</u> :	<u> </u>		
4081 Tuxedo	9-6-11	\$		3,000
Mourron MI	6. Original Amount of Debt:	\$	\$	• <u> </u>
48012	1 \$ 3 \ OOO	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	*
Debt #2 Corp? Yes Owed to or by:	4. Type: LOAN	\$		
Kelly Colegio	5. Date Debt Was Incurred:	\$		
4081 Tuxedo	6. Original Amount of Debt:		8	\$ 4,800
Warren, MI	s 4,800	\$	Ψ	FORGIVEN
48092	•	<u> </u>		[]LOUGIVEIA
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$		
	5. Date Webt Was Incurred:	\$		
		\$		
	Oxiginal Amount of Debt:	\$	\$ I	\$
/	\$	<u> </u>		FORGIVEN
If bank loan, name of endorser or guarantor:	·-	Am	nount Endorsed: \$	
		Page Subtotal ((Outstanding debt)	7,800
(Co	emplete on last page of Schedule sh	Grand Total o nowing amounts owed by or	of all Schedules 1E r to the committee)	

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

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



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number 3573

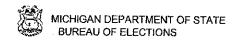
2. Committee Name CANDIDATE COMMITTEE This Schedule itemizes: _Debts and obligations owed by or forgiven the committee Debts and obligations owed to or forgiven by the committee. OR (Check either a or b. Use only for the purpose checked.) 3. Name and Mailing Address of person, vendor or 4. Type of Obligation 7. Date and amount of 8. Cumulative 9. Outstanding financial institution to whom debt is owed. (Description) each payment payment to Balance at close 5. Indicate date debt was date on debt of this period Check box to indicate whether debt is owed to an incurred (Item 6 minus incorporated business. If debt is a bank loan, please 6. Indicate original amount item 8) provide information regarding the endorsers or of debt guarantors, if any. Debt #1 Owed to or by: 5. Date Debt Was Incurred: 6. Original Amount of Debt: Jarreni MII. 48092 FORGIVEN If bank loan, name of endorser or guarantor: Amount Endorsed: \$ Debt #2 Corp? Owed to or by: 5. Date Debt Was Incurred: 6. Original Amount of Debt: \$ **FORGIVEN** If bank loan, name of endorser or guarantor: Amount Endorsed: \$ Debt #3 Corp? Owed to or by: 5. Date Debt Was Incurred: **FORGIVEN** If bank loan, name of endorser or guarantor: Amount Endorsed: \$ Page Subtotal (Outstanding debt

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.

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

Page 2 of 3



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number 13672

2. Committee Name CTE Kelly Colegio

OANDIDATE OOMMITTEE	Committee Name	E KEIT	<u> </u>	EGIO	
This Schedule itemizes:					
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.)					
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)	
Debt #1 Corp? Yes Owed to or by:	4. Type: LOAN	\$			
Kelly Colegio LIOSI Tuxedo Warren, MIT. If bank loan, name of endorser or guarantor:	5. Date Debt Was Incurred: 7 - \ - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$ s s s s s s s s s s s s s s s s s s s	\$	\$ <u>51000</u>	
		Amo	ount Endorsed: \$		
Warren, MT-18092	4. Type: LOAN 5. Date Debt Was Incurred: 8-17-1 6. Original Amount of Debt: \$_1,800	\$ \$ \$ \$ \$	\$	\$ 1,800	
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$		
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$ \$ \$ \$,\$	\$FORGIVEN	
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$		
(Cor	nplete on last page of Schedule s	Grand Total o	Outstanding debt) f all Schedules 1E to the committee)	6,800 17359.93	

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

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

Page 3 of 3

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number 138742
2. Committee Name CTE Kelly Colegic

	2. C	Committee Name	Kelly Colea
	- USE A SEPARATE S	SHEET FOR EACH EVEN	IT -
3. Date Event Was Held	Number of Individuals Attendin or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of place where the activity was held 3 1104 Mound Warren 1997 Private Residence G92
7. Total Contributions8. Other Receipts9. Gross Receipts (Add lines 7 at 10. Total Cost of Event	4,63 4,63 1690	0,00	Trivate residence
(Total Cost includes In-Kind Con	ntributions and An Expenditure on fund raiser and complete t Contribution	he following:	Expenditure Split
	(%)		(%)
period covered by the Ca Receipts and expenditure Schedule (1A), Itemized Summary Page.	ampaign Statement. es listed on a Fund Raiser S In-Kind Contributions Sched	iser Schedule for each fund rai chedule must also be reported ule (1-IK), Itemized Expenditur	on the Itemized Contributions es Schedule (1B) and the

Page _____of ____