



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE  
COVER PAGE

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FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. **3. This Statement covers From: 8/24/2011 To: 10/23/2011**  
Mo/Day/Year Mo/Day/Year

1. Committee I.D. Number 138747	4. Candidate Last Name SADOWSKI	First Name KEITH	M.I. M.I.
2. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI	4a. Office Sought Including District # or Community Served if applicable: WARREN CITY COUNCIL		
	4b. County of Residence MACOMB	Driver License # (Optional)	
5. Committee's Mailing Address 4759 HAYMAN DR WARREN MI 48092  Area Code & Phone 586-216-6377  If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	6. Treasurer's Name and Residential Address KEITH J SADOWSKI 4759 HAYMAN DR, WARREN, MI 48092  Area Code & Phone 586-216-6377  Driver License # (Optional)		
7. Treasurer's Business Address   Area Code & Phone	8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper) KEITH J SADOWSKI 4759 HAYMAN DR, WARREN MI 48092  Area Code & Phone 586-216-6377  Driver License # (Optional)		
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:  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus  Date of Election, Convention or Caucus 11/8/2011 Month Day Year		9c. <input type="checkbox"/> Annual Statement ( _____ Coverage Year) 9d. <input type="checkbox"/> Amendment to the 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 _____ Month Day Year  By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2,4,5,6,7 or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.			
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete			
Current Treasurer or Designated Recordkeeper	KEITH J SADOWSKI Type or Print Name	<i>Keith J Sadowski</i> Signature	Date 10/28/11 Mo Day Year
Candidate	KEITH SADOWSKI Type or Print Name	<i>Keith J Sadowski</i> Signature	Date 10/28/11 Mo Day Year



**MICHIGAN DEPARTMENT OF STATE**  
Bureau of Elections

1. Committee I.D. Number 1387472. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI

**SUMMARY PAGE**  
**CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 7,025.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ Not Applicable	
c. Subtotal of "Contributions"	(3c.) \$ 7,025.00	(18.) \$ 18,625.00
<b>4. Other Receipts (Schedule 1A-1, Column 5)</b>	(4.) \$ 0.00	(19.) \$ 0.00
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ 7,025.00	(20.) \$ 18,625.00
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$ 55.57	(21.) \$ 430.48
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$ 0.00	(22.) \$ 0.00
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 5,872.54	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0.00	
c. Unitemized (less than 50.01 each - no Schedule)	(8c.) \$ 0.00	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ 5,872.54	(23.) \$ 16,959.27
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ 0.00	
b. Unitemized (less than 50.01 each - no Schedule)	(10b.) \$ 0.00	
<b>11. INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ 0.00	(24.) \$ 0.00
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owned by the Committee (Schedule 1E)	(12a.) \$ 0.00	
b. Owned to the Committee (Schedule 1E)	(12b.) \$ 0.00	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$ 513.27	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$ 7,025.00	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) = \$ 7,538.27	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$ 5,872.54	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ 1,665.73	

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



**MICHIGAN DEPARTMENT OF STATE**  
Bureau of Elections

**ITEMIZED CONTRIBUTIONS**  
**SCHEDULE 1A**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 138747

2. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI

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 and Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/9/2011</u>  Name: <u>SCOTT MACQUEEN</u> Address: <u>3173 BUCKINGHAM BERKLEY, MI 48072</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE AGENT</u> Employer <u>MACQUEEN INSURANCE GROUP</u> Business Address <u>2191 12 MILE RD BERKLEY, MI 48072</u>  Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser		150.00	270.00
3. Contribution # 2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/14/2011</u>  Name: <u>LES JOHNSON</u> Address: <u>43643 PENDLETON CIRCLE STERLING HEIGHTS, MI 48313</u>  5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____  Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser		75.00	75.00
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/21/2011</u>  Name: <u>ROY ROSE</u> Address: <u>55620 WOODBRIDGE DR SHELBY TOWNSHIP, MI 48316</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>ANDERSON, ECKSTEIN &amp; WESTRICK</u> Business Address <u>51301 SCHOENHERR SHELBY TOWNSHIP, MI 48315</u>  Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser		75.00	195.00
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/21/2011</u>  Name: <u>JENNIFER CHEHAB</u> Address: <u>3648 ORCHARD LAKE RD WEST BLOOMFIELD, MI 48324</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>CIVIL ENGINEER</u> Employer <u>ANDERSON ECKSTEIN &amp; WESTRICK</u> Business Address <u>51301 SCHOENHERR SHELBY TWP, MI 48315</u>  Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser		75.00	195.00

Page Subtotal

\$ 375.00

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

Enter this total on line  
3a of Summary Page



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 138747

2. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI

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 and Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 5      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/22/2011</u>  Name: ROBERT KIRK Address: 19500 HALL RD., SUITE 100 CLINTON TOWNSHIP, MI 48038  5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KIRK &amp; HUTH</u> Business Address <u>SAME AS ABOVE</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser	200.00	200.00
3. Contribution # 6      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/22/2011</u>  Name: MARY CLARK Address: 8681 EDNA COURT WARREN, MI 48093  5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser	75.00	75.00
3. Contribution # 7      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/28/2011</u>  Name: ART MILLER Address: 11139 OLIVE WARREN, MI 48093  5. If over \$100.00 cumulative, please provide: Occupation <u>GOVERNMENT CONSULTANT</u> Employer <u>CITY OF WARREN</u> Business Address <u>ONE CITY SQUARE WARREN, MI 48093</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser	150.00	330.00
3. Contribution # 8      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/28/2011</u>  Name: RONALD MICHAELS Address: 26299 TUCKER HARRISON TWP, MI 48045  5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser	75.00	75.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$ 500.00	

Enter this total on line  
3a of Summary Page



**MICHIGAN DEPARTMENT OF STATE**  
Bureau of Elections

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1387472. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #9      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/28/2011</u>  Name: <u>GORDON WILSON</u> Address: <u>19297 HICKORY RI RD ROBE TOWNSHIP, MI 48430</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>CIVIL ENGINEER</u> Employer <u>ANDERSON ECKSTEIN &amp; WESTRICK</u> Business Address <u>51301 SCHOENHERR RD SHELBY TWP, MI 48315</u>  Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser	75.00	195.00
3. Contribution # 10      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/28/2011</u>  Name: <u>MARK MUELLER</u> Address: <u>29350 JEFFERSON AVE ST CLAIR SHORES, MI 48061</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE AGENT</u> Employer <u>EMR &amp; ASSOCIATES, INC</u> Business Address <u>28 WEST ADAMS S-300 DETROIT, MI 48226</u>  Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser	100.00	200.00
3. Contribution # 11      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/28/2011</u>  Name: <u>WALTER ALIX</u> Address: <u>3233 N. ELDER WEST BLOOMFIELD, MI 48324</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>HUBBELL, ROTH AND CLARK</u> Business Address <u>2101 CENTER POINT PONTIAC, MI</u>  Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser	150.00	270.00
3. Contribution # 12      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/28/2011</u>  Name: <u>STANLEY GROT</u> Address: <u>11927 HIAWATHA DR SHELBY TWP, MI 48315</u>  5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____  Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser	75.00	75.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$ 400.00  Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1387472. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI

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 and Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 13      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/28/2011</u>  Name: GREG PALICZUK Address: 32044 MARGARET CT. WARREN, MI 48093  5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>CITY OF WARREN</u> Business Address <u>ONE CITY SQUARE WARREN, MI 48093</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser	75.00	175.00
3. Contribution # 14      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>9/28/2011</u>  Name: DISTRICT REPUBLICANS 12TH CONGRESSIONAL Address: 29535 PALOMINO DR WARREN, MI 48093  5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser	75.00	75.00
3. Contribution # 15      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/28/2011</u>  Name: JOHN CAVALIERE Address: 30078 SCHOENHERR SUITE 300 WARREN, MI 48093  5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>BOULDER CONSTRUCTION CO.</u> Business Address <u>SEE ABOVE</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser	75.00	135.00
3. Contribution # 16      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/28/2011</u>  Name: SHEILA MATTIOLI Address: 6085 MC GUIRE RD FENTON, MI 48430  5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser	500.00	500.00

Page Subtotal

\$ 725.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)Enter this total on line  
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**MICHIGAN DEPARTMENT OF STATE**  
Bureau of Elections

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1387472. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI

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 and Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 17 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/28/2011</u>  Name: <u>TAMARA MATTIOLI</u> Address: <u>6241 MC GUIRE RD FENTON, MI 48430</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser		500.00	500.00
3. Contribution # 18 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/28/2011</u>  Name: <u>RICHARD BRODIE</u> Address: <u>23142 SHERWOOD WARREN, MI 48091</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>MANUFACTURER</u> Employer <u>WCC METAL PRODUCTS</u> Business Address <u>11551 STEPHENS DRIVE WARREN, MI 48089</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser		150.00	210.00
3. Contribution # 19 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/28/2011</u>  Name: <u>DEAN WAKELAND</u> Address: <u>925 FOREST AVE APT. 214 MADISON HTS, MI 48071</u>  5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser		75.00	75.00
3. Contribution # 20 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/28/2011</u>  Name: <u>JERROLD MARSH</u> Address: <u>1382 FAIRHOLME RD GROSSE POINTE WOODS, MI 48236</u>  5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser		100.00	100.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$ 825.00	

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MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 138747

2. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 21      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/28/2011</u>  Name: <u>LOCAL 1383 WARREN PROF. FIREFIGHTERS ASSOC.</u> Address: <u>11304 FOURTEEN MILE RD WARREN, MI 48093</u>  5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____  Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser	150.00	150.00
3. Contribution # 22      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/28/2011</u>  Name: <u>JOHN AXE</u> Address: <u>21 KERCHEVAL AVE., STE.360 GROSSE POINTE FARMS, MI 48236</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER/ATTORNEY</u> Employer <u>AXE &amp; ECKLUND, P.C.</u> Business Address <u>21 KERCHEVAL, SUITE 360 GROSSE POINTE FARMS, MI 48236</u>  Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser	150.00	270.00
3. Contribution # 23      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/28/2011</u>  Name: <u>LORENZO CAVALIERE</u> Address: <u>30078 SCHOENHERR SUITE 300 WARREN, MI 48090</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER-CONTRACTOR</u> Employer <u>BOULDER CONSTRUCTION CO.</u> Business Address <u>SAME AS ABOVE</u>  Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser	150.00	270.00
3. Contribution # 24      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>9/28/2011</u>  Name: <u>PIPEFITTERS LOCAL 636</u> Address: <u>30100 NORTHWESTERN HIGHWAY FARMINGTON, MI 48334</u>  5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____  Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser	150.00	270.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$ 600.00	

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MICHIGAN DEPARTMENT OF STATE  
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ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 138747

2. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI

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 and Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #25    PAC Receipt? <input type="checkbox"/> YES    4. Date of Receipt <u>9/28/2011</u>  Name: <u>MICHAEL SADOWSKI</u> Address: <u>2624 SOUTH MILFORD HIGHLAND, MI 48357</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>CHIROPRACTOR</u> Employer <u>TOTAL HEALTH CHIROPRACTIC</u> Business Address <u>2624 SOUTH MILFORD HIGHLAND, MI 48357</u>  Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser	150.00	150.00
3. Contribution #26    PAC Receipt? <input type="checkbox"/> YES    4. Date of Receipt <u>9/28/2011</u>  Name: <u>JACK DOHENY</u> Address: <u>P.O. BOX 609 NORTHVILLE, MI 48167</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>JACK DOHENY COMPANIES</u> Business Address <u>PO BOX 609 NORTHVILLE, MI 48167</u>  Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser	75.00	135.00
3. Contribution #27    PAC Receipt? <input type="checkbox"/> YES    4. Date of Receipt <u>9/28/2011</u>  Name: <u>MITAL MODI</u> Address: <u>4071 KEATS DR TROY, MI 48065</u>  5. If over \$100.00 cumulative, please provide: Occupation _____    Employer <u>GWE ENGINEERS</u> Business Address <u>6303 26 MILE RD STE 100 WASHINGTON, MI 48094</u>  Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser	150.00	150.00
3. Contribution #28    PAC Receipt? <input type="checkbox"/> YES    4. Date of Receipt <u>9/29/2011</u>  Name: <u>GARY DECARLO</u> Address: <u>24655 CAMILLE DRIVE HARRISON TOWNSHIP, MI 48045</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>DECARLO'S BANQUET CENTER</u> Business Address <u>6015 10 MILE WARREN, MI 48091</u>  Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser	75.00	135.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$ 450.00	

Enter this total on line  
3a of Summary Page



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 138747

2. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI

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 and Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 29      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/29/2011</u>  Name: <u>DANUTA DORDESKI</u> Address: <u>2522 PARKWAY CT SHELBY TWP, MI 48316</u>  5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____  Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser	75.00	75.00
3. Contribution # 30      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/29/2011</u>  Name: <u>DENNIS HERTZ</u> Address: <u>4782 BROCKHAM WAY STERLING HTS, MI 48310</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>SERVICE TOWING, INC.</u> Business Address <u>6006 RINKE WARREN, MI 48091</u>  Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser	150.00	270.00
3. Contribution # 31      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/29/2011</u>  Name: <u>JOE KOVALCIK</u> Address: <u>31990 ALINE DR WARREN, MI 48093</u>  5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____  Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser	75.00	75.00
3. Contribution # 32      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/29/2011</u>  Name: <u>WILLIAM GAMBLE</u> Address: <u>29826 WARNER AVE WARREN, MI 48092</u>  5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>CITY OF WARREN</u> Business Address <u>ONE CITY SQUARE WARREN, MI 48093</u>  Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser	75.00	135.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$ 375.00	

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MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138747

2. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI

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 and Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>33</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/29/2011</u> Name: <u>JAMES BIERNAT</u> Address: <u>39724 BERKLEY ST CLINTON TWP, MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser	75.00	75.00
3. Contribution # <u>34</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/29/2011</u> Name: <u>LARK SAMOUELIAN</u> Address: <u>298 HARVARD HOWELL, MI 48843</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNICATIONS</u> Employer <u>CITY OF WARREN</u> Business Address <u>ONE CITY SQUARE WARREN, MI 48093</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser	75.00	135.00
3. Contribution # <u>35</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/29/2011</u> Name: <u>DENISE WILLIAMS</u> Address: <u>29410 GRANDVIEW ST HARRISON TWP, MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # <u>36</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/29/2011</u> Name: <u>DAVID KOSS</u> Address: <u>19751 YVONNE DR MACOMB TWP, MI 48044</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY SUPERINTENDANT</u> Employer <u>CITY OF WARREN</u> Business Address <u>12821 STEPHENS WARREN, MI 48089</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser	75.00	195.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$ 325.00	

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MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 1387472. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI

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 and Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 37 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/29/2011</u> Name: <u>ARLINE SADOWSKI</u> Address: <u>29069 ALINE DR WARREN, MI 48093</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser		500.00	500.00
3. Contribution # 38 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/29/2011</u> Name: <u>JOHN DALY</u> Address: <u>100 MAPLE ST WYANDOTTE, MI 48192</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>DALY MERRITT</u> Business Address <u>100 MAPLE ST WYANDOTTE, MI 48192</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser		100.00	220.00
3. Contribution # 39 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/29/2011</u> Name: <u>GINA CAVALIERE</u> Address: <u>4897 CHICAGO WARREN, MI 48092</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser		75.00	75.00
3. Contribution # 40 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/29/2011</u> Name: <u>ONALEE WATSON</u> Address: <u>4742 HAYMAN DR WARREN, MI 48092</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser		50.00	50.00

Page Subtotal

\$ 725.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)Enter this total on line  
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**MICHIGAN DEPARTMENT OF STATE**  
Bureau of Elections

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1387472. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 41      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/29/2011</u>  Name: <u>RICHARD SADOWSKI</u> Address: <u>29069 ALINE DR WARREN, MI 48093</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser		500.00	500.00
3. Contribution # 42      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/29/2011</u>  Name: <u>JERE GREEN</u> Address: <u>14255 WEIER WARREN, MI 48093</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>POLICE OFFICER</u> Employer <u>CITY OF WARREN</u> Business Address <u>ONE CITY SQUARE WARREN, MI 48093</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser		75.00	135.00
3. Contribution # 43      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/29/2011</u>  Name: <u>TODD SCHAEIDIG</u> Address: <u>15389 RAMBLING DRIVE FRASER, MI 48026</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>CITY ENGINEER</u> Employer <u>CITY OF WARREN</u> Business Address <u>ONE CITY SQUARE WARREN, MI 48093</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser		75.00	135.00
3. Contribution # 44      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/29/2011</u>  Name: <u>EDWARD HERTZ</u> Address: <u>3158 DALLAS WARREN, MI 48091</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SERVICE TOWING, INC</u> Business Address <u>6006 RINKE WARREN, MI 48091</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser		150.00	270.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$ 800.00	

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MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 138747

2. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI

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 and Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 45      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/29/2011</u>  Name: THOMAS PAWELKOWSKI Address: 11272 RIVER DR WARREN, MI 48093  5. If over \$100.00 cumulative, please provide: Occupation _____ Employer <u>CITY OF WARREN</u> Business Address <u>ONE CITY SQUARE WARREN, MI 48093</u>  Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser		75.00	135.00
3. Contribution # 46      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/29/2011</u>  Name: WILBERT MCADAMS Address: 1235 DUFRANE AVE PONTIAC, MI 48342  5. If over \$100.00 cumulative, please provide: Occupation <u>FIRE COMMISSIONER</u> Employer <u>CITY OF WARREN</u> Business Address <u>ONE CITY SQUARE WARREN, MI 48093</u>  Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser		150.00	210.00
3. Contribution # 47      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/29/2011</u>  Name: MARK SYKES Address: 11542 SHORT DR WARREN, MI 48093  5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SHOWCASE COLLISION</u> Business Address <u>6330 E. 14 MILE RD WARREN, MI 48092</u>  Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser		125.00	245.00
3. Contribution # 48      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>9/29/2011</u>  Name: DAVE MONETTE Address: 3827 COMMON ROAD WARREN, MI 48092  5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____  Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser		75.00	75.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		\$ 425.00	

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MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 1387472. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI

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 and Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 49      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/1/2011</u>  Name: STEVEN WATRIPOINT Address: 13741 BARFIELD DR. WARREN, MI 48093  5. If over \$100.00 cumulative, please provide: Occupation <u>OPA</u> Employer <u>HAZEL PARK SCHOOL DISTRICT</u> Business Address <u>45 E. PEARL AVE HAZEL PARK, MI 48030</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser	50.00	170.00
3. Contribution # 50      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/5/2011</u>  Name: CHARLES MANCINI Address: 28225 MOUND RD WARREN, MI 48092  5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY/OWNER</u> Employer <u>MANCINI, SCHREUDER, KLINE AND</u> Business Address <u>28225 MOUND RD WARREN, MI 48092</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser	300.00	300.00
3. Contribution # 51      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/10/2011</u>  Name: JON GREEN Address: 30044 COUSINO WARREN, MI 48092  5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser	50.00	110.00
3. Contribution # 52      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>10/12/2011</u>  Name: WMI PAC OF MICHIGAN Address: 48797 ALPHA DR SUITE 100 WIXOM, MI 48393  5. If over \$100.00 cumulative, please provide: Occupation _____      Employer <u>WASTE MANAGEMENT</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a Person <input checked="" type="checkbox"/> Fund Raiser	100.00	200.00

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\$ 500.00

Grand Total of All Schedules 1A  
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7,025.00

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MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

**ITEMIZED IN-KIND CONTRIBUTIONS**  
**SCHEDULE 1-IK**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 138747

2. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI

3. Name and Address from whom received <small>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.</small>	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 (Though date in Item 5)
Contribution # 1      PAC Receipt? <input checked="" type="checkbox"/> YES  Name: RIGHT TO LIFE PAC Address: 2340 PORTER ST GRAND RAPIDS, MI 49509  5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" 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 <u>10/17/2011</u> 6. Vendor Name & Address	55.57	55.57
Contribution # 2      PAC Receipt? <input type="checkbox"/> YES  Name: Address:  5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address  <input type="checkbox"/> Fund Raiser Contribution	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		
Contribution # 3      PAC Receipt? <input type="checkbox"/> YES  Name: Address:  5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address  <input type="checkbox"/> Fund Raiser Contribution	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		

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55.57

Grand Total of All Schedules 1-IK  
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55.57

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**MICHIGAN DEPARTMENT OF STATE**  
Bureau of Elections

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138747

2. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI

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
<b>Expenditure # 1</b> Name: POST OFFICE Address: 28401 MOUND RD WARREN, MI. 48092 <input type="checkbox"/> Fund Raiser	Purpose: STAMPS Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	09/06/2011	220.00
<b>Expenditure # 2</b> Name: AT&T Address: PO BOX 6416 CAROL STREAM, IL 60197 <input type="checkbox"/> Fund Raiser	Purpose: Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	09/13/2011	201.50
<b>Expenditure # 3</b> Name: HDMA MICHIGAN CHAPTER Address: 1174 JAMES SAVAGE RD MIDLAND, MI 48640 <input type="checkbox"/> Fund Raiser	Purpose: Expenditure Code <u>PP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	09/13/2011	100.00
<b>Expenditure # 4</b> Name: KEITH SADOWSKI Address: 4759 HAYMAN WARREN, MI 48092 <input type="checkbox"/> Fund Raiser	Purpose: Expenditure Code <u>LO</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	09/16/2011	574.91
<b>Expenditure # 5</b> Name: OFFICE MAX Address: 32251 JOHN R MADISON HEIGHTS, MI 48071 <input type="checkbox"/> Fund Raiser	Purpose: INK Expenditure Code <u>LO</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	09/20/2011	91.14

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1,187.55

Grand Total of All Schedules 1B  
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PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



**MICHIGAN DEPARTMENT OF STATE**  
Bureau of Elections

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138747

2. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI

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
<b>Expenditure # 6</b> Name: ST. SYLVESTERS Address: 11200 12 MILE RD WARREN, MI 48093 <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code <u>SA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	09/20/2011	75.00
<b>Expenditure # 7</b> Name: ST. SYLVESTERS Address: 11200 12 MILE RD WARREN, MI 48093 <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code <u>SA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	09/20/2011	75.00
<b>Expenditure # 8</b> Name: THE ITALIAN TRIBUNE Address: PO BOX 380407 CLINTON TWP, MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	09/20/2011	128.00
<b>Expenditure # 9</b> Name: MANHATTAN MAILER Address: 51132 MILANO DR WARREN, MI 48042 <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	09/27/2011	1,667.23
<b>Expenditure # 10</b> Name: DE CARLOS Address: 6015 E. 10 MILE ROAD WARREN, MI 48091 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	09/29/2011	984.64
Subtotal this page			2,929.87
Grand Total of All Schedules 1B (Complete on last page of Schedule)			

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PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138747

2. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI

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
<b>Expenditure # 11</b> Name: CELESTE SIRESS Address: DECARLO'S BANQUET CENTER  <input type="checkbox"/> Fund Raiser	Purpose: SERVER TIP Expenditure Code <u>FE</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	09/29/2011	40.00
<b>Expenditure # 12</b> Name: MANHATTAN MAILER Address: 51132 MILANO DR WARREN, MI 48042  <input type="checkbox"/> Fund Raiser	Purpose: Expenditure Code <u>PA</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	09/29/2011	1,218.12
<b>Expenditure # 13</b> Name: WARREN RIGHT TO LIFE Address:  <input type="checkbox"/> Fund Raiser	Purpose: Expenditure Code <u>PP</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	10/09/2011	100.00
<b>Expenditure # 14</b> Name: PAW GRAPHICS Address: PO BOX 1208 MT CLEMENS, MI 48046  <input type="checkbox"/> Fund Raiser	Purpose: Expenditure Code <u>PA</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	10/17/2011	312.00
<b>Expenditure # 15</b> Name: MACOMB COUNTY REPUBLICAN PARTY Address: PO BOX 1690 WARREN MI 48090  <input type="checkbox"/> Fund Raiser	Purpose: Expenditure Code <u>PP</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	10/17/2011	25.00
Subtotal this page			1,695.12
Grand Total of All Schedules 1B (Complete on last page of Schedule)			

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MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138747

2. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI

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
<b>Expenditure # 16</b> Name: WARREN SYMPHONY Address: <input type="checkbox"/> Fund Raiser	Purpose: Expenditure Code <u>PP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.	10/19/2011	60.00
<b>Expenditure # 17</b> Name: Address: <input type="checkbox"/> Fund Raiser	Purpose: Expenditure Code <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.		0.00
<b>Expenditure # 18</b> Name: Address: <input type="checkbox"/> Fund Raiser	Purpose: Expenditure Code <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.		0.00
<b>Expenditure # 19</b> Name: Address: <input type="checkbox"/> Fund Raiser	Purpose: Expenditure Code <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.		0.00
<b>Expenditure # 20</b> Name: Address: <input type="checkbox"/> Fund Raiser	Purpose: Expenditure Code <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement.		0.00
Subtotal this page			60.00
Grand Total of All Schedules 1B (Complete on last page of Schedule)			5,872.54

Enter this total  
on line 8a of  
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



**MICHIGAN DEPARTMENT OF STATE**  
Bureau of Elections

**DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1387472. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI

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 guarantors, if any.	4. Type of Obligation. (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred. 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes  Owed to or by: KEITH SADOWSKI	4. Type: <u>LOAN</u> Code: <u>OE</u> 5. <u>Date Debt Was Incurred:</u> 1/4/2011 6. <u>Original Amount of Debt:</u> \$ 200.00	9/16/2011 \$200.00	\$ 200.00	\$ 0.00  <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: KEITH SADOWSKI	4. Type: <u>LOAN</u> Code: <u>OE</u> 5. <u>Date Debt Was Incurred:</u> 5/13/2011 6. <u>Original Amount of Debt:</u> \$ 69.73	9/16/2011 \$69.73	\$ 69.73	\$ 0.00  <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: \_\_\_\_\_ Amount Endorsed: \$ \_\_\_\_\_

Debt #3 Corp? <input type="checkbox"/> Yes  Owed to or by: KEITH SADOWSKI	4. Type: <u>LOAN</u> Code: <u>OE</u> 5. <u>Date Debt Was Incurred:</u> 5/23/2011 6. <u>Original Amount of Debt:</u> \$ 98.65	9/16/2011 \$98.65	\$ 98.65	\$ 0.00  <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: \_\_\_\_\_ Amount Endorsed: \$ \_\_\_\_\_

Page Subtotal (Outstanding debt)

0.00

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

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

## PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

**DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1387472. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI

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 guarantors, if any.	4. Type of Obligation. (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred. 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #4 Corp? <input type="checkbox"/> Yes  Owed to or by: KEITH SADOWSKI 4759 HAYMAN DR WARREN, MI 48092	4. Type: <u>LOAN</u> Code: <u>OE</u> 5. <u>Date Debt Was Incurred:</u> <u>7/20/2011</u> 6. <u>Original Amount of Debt:</u> \$ <u>107.88</u>	9/16/2011 \$107.88	\$ 107.88	\$ 0.00  <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Debt #5 Corp? <input type="checkbox"/> Yes  Owed to or by: KEITH SADOWSKI 4759 HAYMAN DR WARREN, MI 48092	4. Type: <u>LOAN</u> Code: <u>OE</u> 5. <u>Date Debt Was Incurred:</u> <u>8/4/2011</u> 6. <u>Original Amount of Debt:</u> \$ <u>98.65</u>	9/16/2011 \$98.65	\$ 98.65	\$ 0.00  <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

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

Page Subtotal (Outstanding debt)

0.00

Grand Total of all Schedules 1E

0.00

(Complete on last page of Schedule showing amounts owed by or to the committee)

## PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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



**MICHIGAN DEPARTMENT OF STATE**  
Bureau of Elections

**FUND RAISER SCHEDULE 1F**1. Committee I.D. Number 138747**CANDIDATE COMMITTEE**2. Committee Name COMMITTEE TO ELECT KEITH SADOWSKI**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  9/29/2011  Month/Day/Year	4. Number of Individuals Attending or Participating (whichever is greater)  0	5. Type of Fund Raising Activity  DECARLOS	6. Address and Name (if any) of the place where the activity was held  DECARLOS  <input type="checkbox"/> Private Residence
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7. Total Contributions of \$20.00 or less 0.008. Total Contributions of \$20.01 or more 7,025.009. SUBTOTAL (Add lines 7 and 8) 7,025.0010. Other Receipts 0.0011. Gross Receipts (Add lines 9 and 10) 7,025.0012. Total Cost of Event 1,204.64

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

13. ☐ 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.

Authority granted under P.A. 388 of 1976

CFR Rev 9/1/1999r