



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

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

FILED
12 JAN -3 AM 8:08
CANCELLA SABAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

Twentyfour pages-

1. Committee I.D. Number

138800

2. Committee Name

Michael Flynn for Treasurer

5. Committee's Mailing Address

P.O. Box 81522
Rochester, MI 48308-1522

Area Code and Phone (248) 608-1506

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.

3. This Statement covers From:

01/01/11 to 12/31/11

4. Candidate Last Name

Flynn

First Name

Michael

M.I.

J.

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

Shelby Township Treasurer

4b. County of Residence Macomb

6. Treasurer's Name & Residential Address

Michael Flynn
53218 Providence East
Shelby Township, MI 48316

Area Code & Phone (248) 608-1506

FILED
11 DEC 31 AM 8:06
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MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

7. Treasurer's Business Address

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

Area Code and Phone

Area Code and Phone

9. TYPE OF STATEMENT

9a. ☐ Pre-Election

OR

9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary

☐ General

☐ Convention

☐ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus

9c. ☒ Annual Statement (2011 Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 8a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

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

Michael J. Flynn

Designated Record keeper

Type or Print Name

Signature

Date

01/02/2012

Candidate

Michael J. Flynn

Type or Print Name

Signature

Date

01/02/2012

24



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 1388002. Committee Name Michael Flynn For Treasurer

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>7,961.31</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$7,961.31</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$7,961.31</u>	(20.) \$ <u>\$7,961.31</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-1K, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-1K, Column 8)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$4,250.50</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$4,250.50</u>	(23.) \$ <u>\$4,250.50</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$542.96</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$7,961.31</u>	
	(15.) = \$ <u>\$7,961.31</u>	
15. SUBTOTAL Add lines 13 and 14	(16.) - \$ <u>\$4,250.50</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(17.) \$ <u>\$3,710.81</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)		



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138800

2. Committee Name Michael Flynn for Treasurer

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>01/24/11</u>	
Name & Address: Michael Flynn 53218 Providence East Shelby Township, MI 48316		\$ <u>303.24</u>	\$ <u>303.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Management</u> Employer <u>Plant Maintenance Direct, LLC</u>		Click Here for Memo Itemization	
Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/15/11</u>	
Name & Address: Michael Flynn 53218 Providence East Shelby Township, MI 48316		\$ <u>41.00</u>	\$ <u>344.24</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Management</u> Employer <u>Plant Maintenance Direct, LLC</u>		Click Here for Memo Itemization	
Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/16/11</u>	
Name & Address: Michael Flynn 53218 Providence East Shelby Township, MI 48316		\$ <u>46.07</u>	\$ <u>390.31</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Management</u> Employer <u>Plant Maintenance Direct, LLC</u>		Click Here for Memo Itemization	
Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/19/11</u>	
Name & Address: Michael Flynn 53218 Providence East Shelby Township, MI 48316		\$ <u>39.60</u>	\$ <u>429.91</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Management</u> Employer <u>Plant Maintenance Direct, LLC</u>		Click Here for Memo Itemization	
Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **\$429.91**

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

\$7,961.31

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 138800

2. Committee Name Michael Flynn for Treasurer

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 09/20/11

Name & Address:

Michael Flynn
53218 Providence East
Shelby Township, MI 48316

\$ 161.00 \$ 590.91

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

Occupation Management Employer Plant Maintenance Direct, LLC

[Click Here for Memo Itemization](#)

Business Address

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt

Name & Address

Christopher Krystek
50515 Corporate Drive
Shelby Township, MI 48315

\$ 90 \$ 90

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

Occupation _____ Employer Ideal Technology

[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

Name & Address:

Ed & Lori Ferrara
55410 Parkview Dr.
Shelby Township, MI 48316

\$ 90 \$ 90

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt

Name & Address

Conde Gonzalez
45649 Custer
Utica, MI 48317

\$ 100 \$ 100

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

Occupation _____ Employer Jac Products

[Click Here for Memo Itemization](#)

Business Address

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

Page Subtotal

\$441.00

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

\$7,961.31

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 **138800**

2. Committee Name **Michael Flynn for Treasurer**

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt 09/28/11	
Name & Address: David Evans 1568 Pebble Creek Dr. Rochester, MI 48307		\$ 90	\$ 90
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt 09/29/11	
Name & Address: Bill & Lisa Griffin 53248 Wolf Shelby Township, MI 48316		\$ 90	\$ 90
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt 09/30/11	
Name & Address: Andy Sakmar 8899 Mary Ann Avenue Shelby Township, MI 48317		\$ 50	\$ 50
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt 10/01/11	
Name & Address: Richard Wright 8800 23 Mile Road Shelby Township, MI 48316		\$ 100	\$ 100
5. If over \$100.00 cumulative, please provide: Occupation Engineer Employer Urban Land Consultants, LLC		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **\$330.00**

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

\$7,961.31

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 1388002. Committee Name Michael Flynn for Treasurer

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 10/03/11

Name & Address:

Dave Share
53137 Gregory Drive
Macomb, MI 48042

\$ 45\$ 45

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/07/11

Name & Address:

Elzbieta Sienkiewicz
2263 Barclay
Shelby Township, MI 48316

\$ 100\$ 100

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

Occupation _____ Employer Ela's Salon[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 10/07/11

Name & Address:

Michael Flynn
53218 Providence East
Shelby Township, MI 48316

\$ 775.40\$ 1366.31

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☒ Loan from a person ☒ Fund Raiser3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 10/08/11

Name & Address:

William Lang
5491 Auburn Road
Shelby Township, MI 48317

\$ 45\$ 45

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund RaiserPage Subtotal **\$965.40**Grand Total of All Schedules 1A
(Complete on last page of Schedule)**\$7,961.31**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 **138800**

2. Committee Name **Michael Flynn for Treasurer**

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 **10/08/11**

Name & Address:

**Tom Jabiro
55150 Shelby Road
Shelby Township, MI 48316**

\$ **90**

\$ **90**

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

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt **10/08/11**

Name & Address:

**Thomas Guastello
300 Park Street
Birmingham, MI 48009**

\$ **90**

\$ **90**

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

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt **10/10/11**

Name & Address:

**Nick Ioppolo
29 Woodhill Rd.
Milford, CT 06461-2367**

\$ **500**

\$ **500**

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

[Click Here for Memo Itemization](#)

Occupation **Management** Employer **sikorsky helicopter**

Business Address _____

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt **10/11/11**

Name & Address:

**Phillip Ruggeri
55764 St. Regis
Shelby Township, MI 48315**

\$ **450**

\$ **450**

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

[Click Here for Memo Itemization](#)

Occupation **Attorney** Employer _____

Business Address _____

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

Page Subtotal **\$1,130.00**

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

\$7,961.31

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 138800

2. Committee Name Michael Flynn for Treasurer

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/11/11</u>	
Name & Address: Gary D. Alessandro & Rose Torres 28135 Groesbeck Hwy. Roseville, MI 48066		\$ <u>90</u>	\$ <u>90</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/11/11</u>	
Name & Address: Harry Awdey PO Box 331 Armada, MI 48005		\$ <u>45</u>	\$ <u>45</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/11/11</u>	
Name & Address: Eric C. Vantlegham 2876 Crows Nest Cir. Uniontown, OH 44685		\$ <u>25</u>	\$ <u>25</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/12/11</u>	
Name & Address: Paula C. Filar 5500 24 Mile Rd. Shelby Township, MI 48316		\$ <u>90</u>	\$ <u>90</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **\$250.00**

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

\$7,961.31

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 138800

2. Committee Name Michael Flynn for Treasurer

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/12/11</u>	
Name & Address: Donna & Joe Kohn 53971 Shelby Road Shelby Township, MI 48316		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/12/11</u>	
Name & Address: Ray Krakowski 50515 Corporate Drive Shelby Township, MI 48315		\$ <u>90</u>	\$ <u>90</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/12/11</u>	
Name & Address: Simone Mauro 48657 Hayes Shelby Township, MI 48315		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/12/11</u>	
Name & Address: Dave Kiurski 42816 Willsharon Sterling Heights, MI 48314		\$ <u>90</u>	\$ <u>90</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **\$380.00**

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

\$7,961.31

Enter this total on
line 3a of Summary
Page.

9

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONSITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 1388002. Committee Name Michael Flynn for Treasurer

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? ☐ YES4. Date of Receipt 10/12/11

Name & Address:

Robert Murray
765 Passive
Rochester, MI 48306\$ 100\$ 100

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

Occupation Marketing Employer Meritz[Click Here for Memo Itemization](#)

Business Address

Type of Contribution:

☒ Direct☐ Loan from a person☒ Fund Raiser

3. Contribution #2

PAC Receipt? ☐ YES4. Date of Receipt 10/12/11

Name & Address:

Craig Lange
3301 Medford Drive
Troy, MI 48084\$ 90\$ 90

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

Occupation Attorney Employer[Click Here for Memo Itemization](#)

Business Address

Type of Contribution:

☒ Direct☐ Loan from a person☒ Fund Raiser

3. Contribution # 3

PAC Receipt? ☐ YES4. Date of Receipt 10/12/11

Name & Address:

Jeff English
53162 Manchester Ave
Shelby Township, MI 48316\$ 90\$ 90

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

Occupation Employer

[Click Here for Memo Itemization](#)

Business Address

Type of Contribution:

☒ Direct☐ Loan from a person☒ Fund Raiser

3. Contribution # 4

PAC Receipt? ☐ YES4. Date of Receipt 10/12/11

Name & Address:

Danny Hutchins Sr.
40833 Brentwood St.
Sterling Heights, MI 48310\$ 90\$ 90

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

Occupation Employer

[Click Here for Memo Itemization](#)

Business Address

Type of Contribution:

☒ Direct☐ Loan from a person☒ Fund Raiser

Page Subtotal \$370.00

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

\$7,961.31

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number 1388002. Committee Name Michael Flynn for Treasurer

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/12/11</u>	
Name & Address: <u>Eugene D'Agostini</u> <u>38700 Vandyke Ste 200</u> <u>Sterling Heights, MI 48312</u>		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Real Estate</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/12/11</u>	
Name & Address: <u>Robert Silveri</u> <u>49160 Driftwood Drive</u> <u>Shelby Township, MI 48317</u>		\$ <u>90</u>	\$ <u>90</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/12/11</u>	
Name & Address: <u>Jean Silveri</u> <u>49160 Driftwood Drive</u> <u>Shelby Township, MI 48316</u>		\$ <u>90</u>	\$ <u>90</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/12/11</u>	
Name & Address: <u>Mariglen Hoti</u> <u>964 Barclay Drive</u> <u>Troy, MI 48065</u>		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **\$880.00**Grand Total of All Schedules 1A
(Complete on last page of Schedule)**\$7,961.31**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 **138800**

2. Committee Name **Michael Flynn for Treasurer**

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt 10/12/11	
Name & Address: Fazlullah M. Kahn 5238 Windmill Troy, MI 48085		\$ 450	\$ 450
5. If over \$100.00 cumulative, please provide: Occupation Engineer Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt 10/12/11	
Name & Address: Paul Nuccilli 2168 Allard Ave Grosse Point Woods, MI 48236		\$ 300	\$ 300
5. If over \$100.00 cumulative, please provide: Occupation Retired Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt 10/12/11	
Name & Address: Michael Hardy 8273 22 Mile Road Shelby Township, MI 48317		\$ 45	\$ 45
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt 10/12/11	
Name & Address: Wayne Oehmke 17610 21 Mile Rd Macomb, MI 48044		\$ 45	\$ 45
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **\$840.00**

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

\$7,961.31

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 **138800**

2. Committee Name **Michael Flynn for Treasurer**

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt 10/12/11	
Name & Address: Rob Huth 19500 Hall Road Clinton Township, MI 48038		\$ 200	\$ 200
5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt 10/12/11	
Name & Address: Bob Kirk 19500 Hall Road Clinton Township, MI 48038		\$ 200	\$ 200
5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt 10/12/11	
Name & Address: Rachel Badalmeti 19500 Hall Road Clinton Township, MI 48038		\$ 200	\$ 200
5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt 10/12/11	
Name & Address: Mark Schnieder 945 Barnum Road Grosse Point, MI 48230		\$ 500	\$ 500
5. If over \$100.00 cumulative, please provide: Occupation Insurance Agent Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **\$1,100.00**

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

\$7,961.31

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

13

ITEMIZED CONTRIBUTIONS

SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 138800

2. Committee Name Michael Flynn for Treasurer

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES Name & Address: Michael A. Chirco Living Trust 46600 Romeo Plank Road, Ste 5 Macomb, MI 48044	4. Date of Receipt <u>10/14/11</u>	\$ <u>100</u>	\$ <u>100</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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name & Address: Gregory E. Avsharian 8980 Oak Run Drive Shelby Township, MI 48317	4. Date of Receipt <u>10/14/11</u>	\$ <u>100</u>	\$ <u>100</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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES Name & Address: Damiano Dimercurio 20383 Hall Road Macomb, MI 48044	4. Date of Receipt <u>10/17/11</u>	\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES Name & Address: Shant Shirinian 23670 Ryan Road Warren, MI 48091	4. Date of Receipt <u>10/19/20</u>	\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Cat Dealer</u> Employer <u>Chase Automotive</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$800.00**

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

\$7,961.31

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 **138800**

2. Committee Name **Michael Flynn for Treasurer**

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt 10/21/11	
Name & Address: Phillip C. McKenna 235 East Main Street Northville, MI 48167		\$ 45	\$ 45
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 type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$45.00**

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

\$7,961.31

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 138800

2. Committee Name Michael Flynn For Treasurer

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Ebay.com</u> Address _____ <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Event envelopes</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/12/11</u> Date	<u>\$ 47.90</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Youniquecards.com</u> Address _____ <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Event invites</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/12/11</u> Date	<u>\$ 255.34</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>Youniquecards.com</u> Address _____ <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Event banner</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/15/11</u> Date	<u>\$ 41.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>Youniquecards.com</u> Address _____ <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Thank you cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/16/11</u> Date	<u>\$ 46.07</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>USPS</u> Address _____ <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/16/11</u> Date	<u>\$ 39.60</u> Click Here for Memo Itemization Type
Subtotal this page			\$429.91
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$4,250.50

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

17

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number

138800

2. Committee Name

Michael Flynn For Treasurer

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name USPS Address <input checked="" type="checkbox"/> Fund Raiser	Purpose: Stamps <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/20/11 Date	\$ 161.00 Click Here for Memo Itemization Type
Expenditure #2 Name Pay Pal Address <input checked="" type="checkbox"/> Fund Raiser	Purpose: CC Processing <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/27/11 Date	\$ 3.15 Click Here for Memo Itemization Type
Expenditure #3 Name Michael Flynn Address 53218 Providence East Shelby Township, MI 48316 <input type="checkbox"/> Fund Raiser	Purpose: Debt Repayment <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/29/11 Date	\$ 200.00 Click Here for Memo Itemization Type
Expenditure #4 Name GFS Marketplace Address <input checked="" type="checkbox"/> Fund Raiser	Purpose: Event Supplies <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/07/11 Date	\$ 91.64 Click Here for Memo Itemization Type
Expenditure #5 Name Leo's Coney Island Address <input checked="" type="checkbox"/> Fund Raiser	Purpose: Event Catering <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/07/11 Date	\$ 775.40 Click Here for Memo Itemization Type
Subtotal this page			\$1,231.19
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$4,250.50

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

19

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number **138800**

2. Committee Name **Michael Flynn For Treasurer**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Big Valley Address 13839 19 Mile Road Sterling Heights, MI 48313 <input checked="" type="checkbox"/> Fund Raiser	Purpose: Event Beverages <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/10/11 Date	\$ 400.00 Click Here for Memo Itemization Type
Expenditure #2 Name Buscemis Address 5915 25 Mile Road Shelby Township, MI 48316 <input checked="" type="checkbox"/> Fund Raiser	Purpose: Event Supplies <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/12/11 Date	\$ 18.97 Click Here for Memo Itemization Type
Expenditure #3 Name CC Processing Address <input checked="" type="checkbox"/> Fund Raiser	Purpose: CC Processing <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	 Date	 Click Here for Memo Itemization Type
Expenditure #4 Name walmart Address <input type="checkbox"/> Fund Raiser	Purpose: office supplies <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/17/11 Date	\$ 31.63 Click Here for Memo Itemization Type
Expenditure #5 Name 10th Congressional District Address <input type="checkbox"/> Fund Raiser	Purpose: Regan Dinner Ad <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/17/11 Date	\$ 50 Click Here for Memo Itemization Type

Subtotal this page

\$513.74

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

\$4,250.50

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number **138800**
2. Committee Name **Michael Flynn For Treasurer**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Michael Flynn Address 53218 Providence East Shelby Township, MI 48316 <input type="checkbox"/> Fund Raiser	Purpose: Debt Repayment <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/17/11 Date	\$ 200.00 Click Here for Memo Itemization Type
Expenditure #2 Name Shelby Township Lions Club Address P.O. Box 182075 Shelby Township, MI 48318 <input type="checkbox"/> Fund Raiser	Purpose: Charity Event <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/17/11 Date	\$ 70.00 Click Here for Memo Itemization Type
Expenditure #3 Name Michigan for Rick Snyder Address 38400 Van Dyke Avenue Sterling Heights, MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: Campaign Event <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/24/11 Date	\$ 300.00 Click Here for Memo Itemization Type
Expenditure #4 Name Know Resolve Address P.O. Box 380435 Clinton Township, MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: Charity Event <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/01/11 Date	\$ 130.00 Click Here for Memo Itemization Type
Expenditure #5 Name Vistaprint.com Address <input type="checkbox"/> Fund Raiser	Purpose: checks <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/07/11 Date	\$ 17.86 Click Here for Memo Itemization Type
Subtotal this page			\$717.86
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$4,250.50

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

20

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number **138800**
2. Committee Name **Michael Flynn For Treasurer**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Michael Flynn Address 53218 Providence East Shelby Township, MI 48316 <input type="checkbox"/> Fund Raiser	Purpose: Debt Repayment <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/17/11 Date	\$ 268.61 Click Here for Memo Itemization Type
Expenditure #2 Name Youniquecards.com Address <input type="checkbox"/> Fund Raiser	Purpose: Christmas Cards <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/02/11 Date	\$ 37.26 Click Here for Memo Itemization Type
Expenditure #3 Name Campaign Consulting Services Address 1006 Rivermist Rochester, MI 48307 <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/07/11 Date	\$ 500.00 Click Here for Memo Itemization Type
Expenditure #4 Name USPS Address <input type="checkbox"/> Fund Raiser	Purpose: Christmas Card Stamps <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/09/11 Date	\$ 58.00 Click Here for Memo Itemization Type
Expenditure #5 Name Michael Flynn Address 53218 Providence East Shelby Township, MI 48316 <input type="checkbox"/> Fund Raiser	Purpose: Debt Repayment <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/22/11 Date	\$ 154.74 Click Here for Memo Itemization Type
Subtotal this page			\$1,018.61
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$4,250.50

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

21

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number **138800**
2. Committee Name **Michael Flynn For Treasurer**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Youniquecards.com Address <input checked="" type="checkbox"/> Fund Raiser	Purpose: Event Invites <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/22/11 Date	\$ 248.84
Expenditure #2 Name Ebay.com Address <input checked="" type="checkbox"/> Fund Raiser	Purpose: Event Envelopes <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/22/11 Date	\$ 40.35
Expenditure #3 Name Chris Ordon Address <input checked="" type="checkbox"/> Fund Raiser	Purpose: Event Parking Attendant <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/12/11 Date	\$ 50.00
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page

\$339.19

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

\$4,250.50

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

22

DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number **138800**

2. Committee Name **Michael Flynn For Treasurer**

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus item 8)
Debt #1 Owed to or by: Corp? <input type="checkbox"/> Yes Michael Flynn 53218 Providence East Shelby Township, MI 48316	4. Type: <u>loan</u> 5. Date Debt Was Incurred: <u>09/12/11</u> 6. Original Amount of Debt: <u>\$ 303.24</u>	09/29/11 \$ 200.00 10/17/11 \$ 103.24 \$ \$ \$	\$ 303.24	\$ 0 <input type="checkbox"/> FORGIVEN

If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$

Debt #2 Owed to or by: Corp? <input type="checkbox"/> Yes Michael Flynn 53218 Providence East Shelby Township, MI 48316	4. Type: <u>loan</u> 5. Date Debt Was Incurred: <u>09/15/11</u> 6. Original Amount of Debt: <u>\$ 41.00</u>	10/17/11 \$ 41.00 \$ \$ \$	\$ 41.00	\$ 0 <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$

Debt #3 Owed to or by: Corp? <input type="checkbox"/> Yes Michael Flynn 53218 Providence East Shelby Township, MI 48316	4. Type: <u>loan</u> 5. Date Debt Was Incurred: <u>09/16/11</u> 6. Original Amount of Debt: <u>\$ 46.07</u>	10/17/11 \$ 46.07 \$ \$ \$	\$ 46.07	\$ 0 <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$

Page Subtotal (Outstanding debt)

\$0.00

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

Grand Total of all Schedules 1E

\$542.96

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number **138800**
2. Committee Name **Michael Flynn For Treasurer**

This Schedule itemizes:

a ☐ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus item 8)
Debt #1 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes Michael Flynn 53218 Providence East Shelby Township, MI 48316	4. Type: <u>loan</u> 5. Date Debt Was Incurred: <u>09/19/11</u> 6. Original Amount of Debt: <u>\$ 39.60</u>	10/17/11 \$ 9.69 11/17/11 \$ 29.91 \$ \$ \$	\$ 39.60	\$ 0 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes Michael Flynn 53218 Providence East Shelby Township, MI 48316	4. Type: <u>loan</u> 5. Date Debt Was Incurred: <u>09/20/11</u> 6. Original Amount of Debt: <u>\$ 161.00</u>	11/17/11 \$ 161.00 \$ \$ \$	\$ 161.00	\$ 0 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes Michael Flynn 53218 Providence East Shelby Township, MI 48316	4. Type: <u>loan</u> 5. Date Debt Was Incurred: <u>10/07/11</u> 6. Original Amount of Debt: <u>\$ 775.40</u>	11/17/11 \$ 77.70 12/22/11 \$ 154.74 \$ \$ \$	\$ 232.44	\$ 542.96 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$542.96

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

\$542.96

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

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

(15)

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**1. Committee I.D. Number **138800**2. Committee Name **Michael Flynn For Treasurer****- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held 10/12/11	4. Number of Individuals Attending or Participating (whichever is greater) 100	5. Type of Fund Raising Activity reception	6. Address and Name (if any) of the place where the activity was held. 56114 Stoney Place Drive, Shelby Twp. <input type="checkbox"/> Private Residence
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7. Total Contributions **\$6,525.40**

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) **\$6,525.40**10. Total Cost of Event **\$1,893.21**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)11. ☐ Check if event was a joint fund raiser and complete the following:

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

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