

12 JUL 25 AM 10: 50

CARMELLA SAPAUGH MACOME COUNTY CLERK MT, CLEMENS, MICHIGAFOR OFFICIAL USE ONLY

CANDIDATE COMMITTEE COVER PAGE

| Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. | 3. This Statement covers From: 1/01/12 to 7/22/12 |
|---|---|
| 1. Committee I.D. Number | 4. Candidate Last Name First Name M.I. |
| 138663 | Wickersham Anthony M. 4a. Office Sought Including District # or Community Served (if applicable) |
| 2. Committee Name | Sheriff of Macomb County |
| CTE Anthony Wickersham | 4b. County of Residence Macomb |
| 5. Committee's Mailing Address | 6. Treasurer's Name & Residential Address |
| PO Box 752 Mt. Clemens, MI 48046 | Christina Miller 52012 Copper Creek Court Chesterfield, MI 48047 |
| Area Code and Phone (586) If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official. | Area Code & Phone |
| 7. Treasurer's Business Address | Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) |
| 43565 Elizabeth Road Mt. Clemens, MI 48043 | S/A |
| Area Code and Phone(586) 469–6671 9. TYPE OF STATEMENT | Area Code and Phone |
| Pre-Election or Post-Election Statement relates to: | Annual Statement (Coverage Year) 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. Dissolution of Candidate Committee Effective Date of Dissolution |
| Date of Election, Convention or Caucus 8-07-12 | 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. |
| If any of the information listed in items 2, 4, 5, 6, 7, or 8 has chan amendment to the Statement of Organization should accompany before the filling deadline of a required campaign statement, | equired Campaign Statements. The Campaign Statements must include all applicable enditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. ged since the information was shown on the committee's Statement of Organization, an this Campaign Statement. If a request for a Reporting Waiver is not received on or that campaign statement cannot be waived. |
| 10. Verification: I\We certify that all reasonable diligence was used my\u00edour knowledge and belief the contents are true, accurate and contents are true, | in the preparation of this statement and attached schedules (if any) and to the best of |



| 1, Committee I.D. Number | 138663 | |
|--------------------------|--------|--|
| | | |

SUMMARY PAGE CANDIDATE COMMITTEE

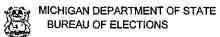
2. Committee Name CTE Anthony Wickersham

| CANDIDATE COMMITTEE | | |
|--|------------------------------|--|
| RECEIPTS | Column I This Period | Column II Cumulative this election cycle |
| 3. Contributions | | |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$85,180 | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ NOT APPLICABLE | |
| c. Subtotal of "Contributions" | (3c.) \$ <u>85,180</u> | (18.) \$ 217,255 |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ | (19.) \$ |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ <u>85,180</u> | (20.) \$ 217,255 |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ | (21.) \$ 6,591.04 |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ | (22.) \$ |
| EXPENDITURES | | |
| 8. Expenditures | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) \$ | |
| c. Uniternized (less than \$50.01 each - no Schedule) | (8c.) \$377_23 | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$ <u>128,835.03</u> | (23.) \$ 165,766.13 |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | |
| 10. Disbursements a. Itemized (Schedule 1C, Column 6) | (10a.) \$ 5,315.61 | |
| b. Unitemized (less than \$50.01 each - no Schedule) | 355 (10b.) \$ | |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | | 12,532.89 |
| DEBTS AND OBLIGATIONS 12. Debts and Obligations | (11.) \$ 5,670.61 | (24.) \$ |
| a. Owed by the Committee (Schedule 1E) | (12a.) \$ | |
| b. Owed to the Committee (Schedule 1E) | (12b.) \$ | |
| | BALANCE STATEMENT | |
| Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | (13.) \$ 88,281.62 | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + \$ 85,180.00 | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = \$173,461.62 | |
| 16. Amount expended during reporting period | (16.) - \$ <u>134,505.64</u> | |
| (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ 38,955.98 | * |



1. Committee I.D. Number 138663

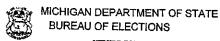
| CANDIDATE COMMITTEE 2. Committee Name | CTE Anthony Wi | ckersham |
|--|-----------------------------|--|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or 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 6/23/12 Pominic Aboute | _ | uute st. teespi, |
| 2500 Royal View Or. Oakland MI 48363 5. If over \$100.00 cumulative, please provide: | s 125 | <u>\$ 875</u> |
| Occupation Achital Employer Wakey ASSOC. | Click Here fo | or Memo Itemization |
| Business Address 30500 Van Dyke Waren MI, 48092 | 3 | |
| Type of Contribution: Direct Loan from a person X Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 5/23/12 | | |
| Janet Abbate | | , |
| 2500 Royal VIPW Dr. | <u> 125</u> | <u> 125</u> |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation Accountant Employer Wakely ASSOC. | Oliok Hete Io | Memo Itemization |
| Business Address 30500 Van Dyke Warren M1480 | 93 | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 5/23/12 Name & Address: 4 Dado | | |
| 2719 Hawthorn Dr. | <u>\$ 250</u> | s 650 |
| 5. If over \$100.00 cumpletive, please provide: | Click Here for | Memo Itemization |
| Occupation Attorney Employer Abdo Abdo | 10. 4.0 | |
| Business Address 43540 (artheld Suit 1044 (Intention Type of Contribution: Direct Loan from a person Fund Raiser | p, M1 4803E | <u> </u> |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 427/12 | | |
| Adonis Abro 70244 Prace Rd. | s 100 | las |
| 5. If over \$100.00 cumulative, please provide: | \$ (00 | \$_/00 |
| Occupation Communication Employer Abralink | Click Here for | Memo Itemization |
| Business Address 13534 Fenkell Petro, 1, 148227 Type of Contribution: Direct Loan from a person M Fund Raiser | | |
| Page Subtotal | Ú00 | : |
| Grand Total of All Schedules 1A | | · |
| (Complete on last page of Schedule) | Enter this total on | |
| Pageofof | line 3a of Summary Page. | |



1. Committee I.D. Number 138663

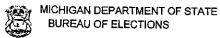
| <u>`</u> | MRT ALABASS VIS | |
|---|--|--|
| CANDIDATE COMMITTEE 2. Committee Name | TE Anthony Wi | ckersham |
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 4/27/12 And Abro | | |
| 70 DYY Place Kd. Richmond MI 48061 5. If over \$100.00 cumulative, please provide: | <u> 200</u> | £ 200 |
| Occupation Communication Employer Abro Link | Click Here for | or Memo Itemization |
| Business Address 13534 Fenkell Detroit, MI 4822 | 7 | |
| Type of Contribution: Direct Loan from a person X Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4 27/12 | | |
| Jason Abro | _ | |
| SS205 Health side M. | <u> 200 </u> | \$ 525 |
| Shelby Tup, MI 48315 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Sergean + Employer Macomb Sheriff | 12011 | |
| Business Address 43565 Eliza beth Mt. Clemens, MI | 10093 | |
| Type of Contribution: Direct Loan from a person X Fund Raiser | | <u> </u> |
| Address: A Contribution #3 PAC Receipt? YES 4. Date of Receipt 4/27/12 | • | |
| Jeff Abro. | s 500 | . (-02) |
| SSYI Spring Brack | <u> </u> | \$ 600 |
| i. If over \$100,00 cumulative, please provide: | Click Here for | r Memo Itemization |
| Occupation SCIF employed Employer | | |
| Business Address Type of Contribution: Direct Loan from a person V Fund Raiser | | |
| Contribution #4 PAC Receipt? YES 4. Date of Receipt (0122112 | 1 · | |
| Rinaldo Acciavatti | | |
| 6321 Gratiot Clair MI 48079 i. If over \$100.00 cumulative, please provide: | \$ 1,000 | \$ 1,000 |
| Occupation OWNEC Employer Panar Enterprise | Click Here for | Memo Itemization |
| Business Address S8021 Coratio + New Haven, MI 4804 | 48 | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page Subtotal | 1,900 | |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | |] |

Page 2 of 66



138663 1. Committee I.D. Number

| · · | | E Anthony Wi | ckersham |
|--|----------------------------------|------------------------------------|--|
| Enter contributor's name and address. If contribution is from an individual, enter last middle initial. Check box to indicate if contribution is from a Political Committee or an Committee (PAC) Report all contributions regardless of amount. | name, first name, Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 5 | 123/12 | | date of receipt) |
| Michael Agnello | , , | | • |
| 15941 Millar Clinton Two M 48036 5. If over \$100.00 cumulative, please provide: | | . 250 | • ><>> |
| | . 1 | * 00 C | £ /30 |
| Occupation OWNEY Employer Michael Agn | <u>elloJew</u> er | PerSlick Here fo | r Memo Itemization |
| Business Address 31500 Harper SC5, M1, 480 | 182 | | |
| Type of Contribution: Direct Loan from a person X Fund Ra | aiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 5/6 | 23/12. | | |
| Nicholas Aiuto | • | | |
| 41100 Conger Bay Dr. Harrison Tup, MY 48045 | | \$ 1,250 | \$ 2,250 |
| 5. If over \$100.00 cumulative, please provide: | | | |
| Occupation BUS, Owner Employer Kings Down | G. | Click Here for | Memo Itemization |
| Business Address 35090 Clinton Tud, MI 4 | 1025 | | |
| Type of Contribution: Direct Loan from a person X Fund R | aiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6/ | 27/12 | | |
| Dean Alan | 11/10 | | |
| 21900 Chalon | \$ | 100 | s 320 |
| 5 S M 48080 5. If over \$100.00 cumulative, please provide: | | Click Hero for I | Memo Itemization |
| Occupation Pas. Office Employer Macomb Coun | . | Olick Hele fold | vierno itemization |
| Business Address South Main Third Floor Mt | | 11 (1904) | |
| Type of Contribution: Direct Loan from a person X Fund Re | <u>Clemans,</u> 1 | 11 48043 | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt | 121/12 | | |
| Al Albrecht | | | |
| 65365 OMO | * | 100 | (07) |
| 5. If over \$100.00 cumulative, please provide: | يو. | | \$_ <i>[00</i> |
| Occupation President Employer TWT Men | tal Fab. | Click Here for M | lemo Itemization |
| Business Address 44378 Macomb Drd. Dr. | Clinten Ta | P.MI 480 | 036 |
| Type of Contribution: Direct Loan from a person Fund Rais | | | · · |
| 7 | Page Subtotal | 1,700 | |
| Grand Total of A (Complete on last p | All Schedules 1A | , | |
| 3(40 | Én | ter this total on 3a of Summary | |
| rage oror | Pag | | |



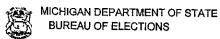
138663 1. Committee I.D. Number _

CANDIDATE COMMITTEE CTE Anthony Wickersham 2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount middle initial. Check box to indicate if contribution is from a Political Committee or an Independent 7. Cumulative for Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 PAC Receipt? 4. Date of Receipt Name & Address Erma Dr. Click Here for Memo Itemization Occupation Employer. **Business Address** Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? Name & Address 2205 Main St. Dr. 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation Self employed Employer **Business Address** Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? 4. Date of Receipt Name & Address: Click Here for Memo Itemization Occupation Employer Business Address Type of Contribution: Loan from a person Fund Raise 3. Contribution #4 PAC Receipt? 4. Date of Receipt Name & Address ofbran L Click Here for Memo Itemization Business Address Type of Contribution: Direct Loan from a person

Page 4 of 66

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

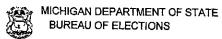
Page Subtotal



| 1. Committee I.D. Number | 138663 * |
|--------------------------|----------|
| 15 | PG |

| 2. Committee Name | CIE Anthony Wickersham |
|---|---|
| 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. 3. Contribution # 1 PAC Receipt? VES 4 Date of Receipt 7 1 10 110 | 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7/2/12 Name & Address: 4. Date of Receipt 7/2/12 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7/2/12 | |
| 5. If over \$100.00 cumulative, please provide: | \$ 500 \$ 500 |
| Occupation Attorns Employer Arnone Caw Office | Click Here for Memo Itemization |
| Business Address 22380 Greater Mack SCSM1480 | 080 |
| Type of Contribution: X Direct Loan from a person Fund Raiser | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6/27/12 Name & Address AVIN AYAY | |
| 4546 Forest Edge West. Bloomfield, MI 48313 | s 100 s 100 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for Memo Itemization |
| Occupation Self employed Employer | Olok Flore for Wielino Remization |
| Business Address | · |
| Type of Contribution: Direct Loan from a person X Fund Raiser | |
| 3. Contribution #3 Name & Address: PAC Receipt? YES 4. Date of Receipt 6/21/12 | |
| Jacqueline Azzopardi | . 125 |
| 49884 Golden Lake Rd. Shelby Tup, M148315 5. If over \$100.00 cutatilative, please provide: | Click Here for Memo Itemization |
| Occupation Cife Coach Employer Self Employed | |
| Business Address Type of Contribution: Direct Loan from a person X Fund Raiser | |
| Type of Contribution: Direct Loan from a person X Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt C 111 / 10 | |
| Jacob Bacall 3/11/12 | |
| 2148 Locklin Land | £250 £250 |
| 5. If over \$100.00 cumulative, please provide: | <u> </u> |
| Occupation Real Estate M. Employer Barall Development | Click Here for Memo Itemization |
| Business Address 30 10 7 W. Thirteen Mile Farmir W. Type of Contribution: Direct Loan from a person Fund Raiser | 48334 |
| Page Subtotal | 985 |
| Grand Total of All Schedules 1A | |

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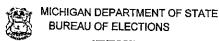


CANDIDATE COMMITTEE

| 1. Committee I.D. Number | 138663 | <u> </u> | |
|--------------------------|--------|----------|--|
| <u>* 27-</u> | | | |

| 2. Committee Name | CIL Anthony Wi | CKEISHAM |
|--|---------------------|--|
| 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 6/27/12 Edward Bay Ova | | |
| 3150 LIVERNOIS 5. If over \$100.0p cumulative, please provide: | <u>\$(_00</u> | \$ 100 |
| Occupation Lawyer Self-Employer Sam | Click Here fo | or Memo Itemization |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 5/23/12 | | |
| Name & Address Joel Balby | | |
| 50383 Hautherwood Carl Shelby Tup, MI 48317 | s 250 | \$ 490 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation BUS_OWNEC Employer Balloc Towns | 0.000,000,00 | Mono Romzadon |
| Business Address 577 (O Main Blvd. New Haven, M14 | 18048 | |
| Type of Contribution: Direct Loan from a person X Fund Raiser | . • | |
| 3. Contribution #3 Name & Address: PAC Receipt? YES 4. Date of Receipt 6/21/12 Rham Barah Ski | | |
| 14320 Strathmore | \$ 125 | . 725 |
| • • | | s <u>200</u> |
| 5. If over \$100.00 cumulative, please provide! | | Memo Itemization |
| Occupation CPA Employer But ala Symmons Cam | illeri P.C. | |
| Business Address 10 South Main Str 104 Mt. Clemens M Type of Contribution: Direct Loan from a person X Fund Raiser | 1148043 | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 5/23/12 | | |
| Cinda Rattani | | |
| Unda Battani 49608 Govlette Pointe | 125 | : 125 |
| 5. If over \$100.00 cumulative, please provide: | | |
| Occupation <u>retired</u> Employer | Click Here for | Memo Itemization |
| Business Address | | į |
| Type of Contribution: Direct Loan from a person X Fund Raiser | | i |
| Page Subtotal | 610 | |
| Grand Total of All Schedules 1A | | |
| (Complete on last page of Schedule) | Enter this total on | |

Page 6 of 66

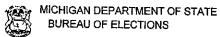


1. Committee I.D. Number 138663

CANDIDATE COMMITTEE CTE Anthony Wickersham 2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 PAC Receipt? 4. Date of Receipt Name & Address: 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation Employer **Business Address** Type of Contribution: Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? 4. Date of Receipt Name & Address Hidden Oak Click Here for Memo Itemization Employer <u>MACON</u> Business Address Type of Contribution: Direct Fund Raiser Loan from a person 3. Contribution #3 PAC Receipt? 4. Date of Receipt Name & Address: Domenic Belcastro 27 Heatherwood Shelbi 149, MI 4831 Click Here for Memo Itemization Occupation BUS Employer **Business Address** Type of Contribution: OFund Raiser Loan from a person 3. Contribution # 4 YE\$ 4. Date of Receipt Name & Address Clemens, MI 48043 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation 1 Employer . **Business Address** Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A

Page ______of ____

(Complete on last page of Schedule)

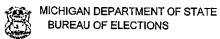


1. Committee I.D. Number 138663

CANDIDATE COMMITTEE CTE Anthony Wickersham 2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 PAC Receipt? 4. Date of Receipt Name & Address: Mark Benner 30271 Madisan Ave. Warren M1 48093
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? 4. Date of Receipt Name & Address Michael John Bills 7640 Crestmore St. 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation **Business Address** Type of Contribution: Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? 4. Date of Receipt Name & Address: 5. If over \$100.00 cumulative, please provide Click Here for Memo Itemization Occupation Employer_ **Business Address** Type of Contribution: Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address Click Here for Memo Itemization **Business Address** Type of Contribution: Fund Raiser Direct Loan from a person Page Subtotal

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

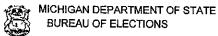


1. Committee I.D. Number ____138663

| CANDIDATE COMMITTEE 2. Committee Name | CTE Anthony Wi | ckersham |
|--|----------------|--|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first na 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. | me, 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 5/23/16 Name & Address: Ship Boloma | 2 | |
| 19135 Saxon 5. If over \$100.00 cumulative, please provide: | \$ 250 | \$ 375 |
| Occupation Ind. Contactor Employer | Click Here fo | or Memo Itemization |
| Business Address Type of Contribution: Direct Loan from a person Fund Raiser | _ | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6/21/13 Name & Address Homas Bommarito | 2 | |
| 48049 James | s 135 | s 235 |
| Shelby Tup, MI 5. If over \$100.00 cumulative, please provide: | Click Here for | r Memo Itemization |
| Occupation Sales Employer Lateside Circle U | 4 | |
| Business Address 13 SSY Cake Side Circle Sterly Mey Type of Contribution: Direct Loan from a person X Fund Raiser | 175/M/ 48512 | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6/27// | 2 | |
| Stephen Bonnell 55415 Belmont Dr. | = 1,000 | <u> 1,100</u> |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation Contractor Employer Bonne 11. Ent. | | |
| Business Address 5460 Gatewood Sterling Heights, M Type of Contribution: Direct Loan from a person Fund Raiser | 148310 | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 5/23/16 Name & Address Brian Boro 45k | 2 | |
| 5 Sea preeze prive Harrison Dunship, M/ 48045 | £125 | : 125 |
| 5. If over \$100.00 cumulative, please provide: Occupation BUS. Owner Employer Premier Pinished | Click Here for | Memo Itemization |
| Business Address 28066 Groes beck Roseville, MI 4 | 9066 | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page Sul | 1,510 | - |
| Grand Total of All Schedule | s 1A | • |

(Complete on last page of Schedule)

Page ______ of ______ (66



1. Committee I.D. Number 138663

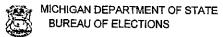
| CANDIDATE COMMITTEE 2. Committee Name _ C | TE Anthony Wi | ckersham |
|--|---------------------------------------|--|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political 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 6/27/12 | | |
| George Brikho | | |
| 6420 Malvern Trown MI 48098 | <u> 500</u> | s 500 |
| 5. If over \$100.00 cdmulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation Self Employed Employer | Ollow Here to | i Weino Remization |
| Business Address | | |
| Type of Contribution: Direct Loan from a person X Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4/21/12 Name & Address | - | |
| Charles Busse 32533 Sabrina | 1100 | |
| 1.1 (0000 | <u>\$ 450</u> | <u>\$ 950</u> |
| 5. If over \$100.00 cumulative, please provide: Balian in Russe. | Polick Here for | r Memo Itemization |
| Occupation Attorner Employer | | monio nomizacion |
| Business Address 8110 South Blid. E. Suite 200 Raches | Jer Hills M | J . |
| Type of Contribution: Direct Loan from a person Y Fund Raiser | 48307 | |
| | | |
| 2012/11/2 | 2 250 | |
| Name & Address: Jack Campo 13150 Rhan Cl. 6/21/1 | 2,500 | . 100 |
| Shelby, M1 48315 | | *_1/0.30 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation Rep. Employer Wetro Sanation | | |
| Business Address 2200 Hoover Warren, M 4808 Type of Contribution: Direct Loan from a person Fund Raiser | 9 | |
| | · · · · · · · · · · · · · · · · · · · | |
| Name & Address PAC Receipt? YES 4. Date of Receipt 6/27/12 On they Catenacci | | |
| 38529 River Park | . 400 | UM |
| 5. If over \$100.00 cumulative, please provide: July 483/3 | <u> </u> | \$ 70 <u>0</u> |
| Occupation BUS. Owner Employer Pine Knobb Golf Cour | Click Here for I | Memo Itemization |
| Business Address 5580 Walden Rd. Clarkstn. MJ 4 | J34x | |
| Type of Contribution: Direct Loan from a person Fund Raiser | \mathcal{O} | |

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

Page Subtotal

Enter this total on line 3a of Summary Page.

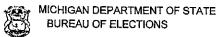
Page 10 of 66



ITEMIZED CONTRIBUTIONS

| SCHEDULE 1A | 1. Committee I.D. Number |
|--|--|
| CANDIDATE COMMITTEE | 2. Committee Name CTE Anthony Wickersham |
| Enter contributor's name and address. If contribution is from an individual, e middle initial. Check box to indicate if contribution is from a Political Committe Committee (PAC) Report all contributions regardless of amount. | ttee or an Independent Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: | pt (e/22/12 |
| Toda Chartier | |
| 9195 Marine City Hy | \$ 1,000 \$ 1,000 |
| 5. If over \$100.00 cumulative, please provide: | 7000 |
| Occupation BUS. Owner Employer Parnar | Enterprises Click Here for Memo Itemization |
| Business Address SSP2/ Coration New Ha | ven, M/ 48048 |
| Type of Contribution: X Direct Loan from a person | Fund Raiser |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address Darin Chase | 1 6/22/12 |
| 61815 Brad Dung Run. | \$ 1,000 \$ 1,000 |
| Washington, MY 48094 | |
| 5. If over \$100.00 cumulative, please provide: OccupationEmployer Homeok | Click Here for Memo Itemization |
| Business Address 42477 Gar Reld Clinton | The MI 48088 |
| Type of Contribution: Direct Loan from a person | Fund Raiser |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt | |
| Name & Address: Michael Chirco | 1 <u>7/10</u> /12,500 5/23/12 125 |
| 52777 Deerwood Pri | 6/21/12\$ 300 \$ 1,095 |
| Macomb, M1 48042 | 7 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for Memo Itemization |
| Occupation BUS, QUIND Employer MTC CON | |
| Business Address 4000 Komeo Plank Kd. S Type of Contribution: Direct Loan from a person | SH 5 Macomb, MI 48044 Fund Raiser |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receip | r (e/27/12 |
| Iname & Address | |
| Mame & Address Hany Choulach | |
| Hany Choulagh 48568 Amber Lane Dr. | \$ 200 . 300 |
| Hany Choulagh 48568 Amber Lane Dr. | £200 £300 |
| Hany Choulagh 48568 Amber Lane Dr. Shelby Dup, MI 48315 5. If over \$100.00 cumulative, please provide: | \$200 \$300 Click Here for Memo Itemization |
| Hany Choulagh 48568 Amber Lane Pr. Shelby Dup, M1 48315 5. If over \$100.00 cumulative, please provide: Occupation Employer Self & | Sampley and Click Here for Memo Itemization |
| Hany Choulagh 48568 Amber Care Pr. Shelby Tup, MI 48315 5. If over \$100.00 cumulative, please provide: Occupation Employer Self & Business Address | Sampley and Click Here for Memo Itemization Fund Raiser |
| Hany Choulagh 48568 Amber Care Pr. Shelby Dup, MI 48315 5. If over \$100.00 cumulative, please provide: Occupation Employer Self & Business Address | mplay ad |

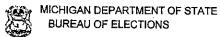
(Complete on last page of Schedule)



1. Committee I.D. Number 138663

| CANDIDATE COMMITTEE 2. Committee Name _ | CTE Anthony Wickersham | |
|---|---|-------|
| 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. | ne, 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) | I |
| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 5/23/12 Name & Address: Ovar Chyn 37921 Honn Point | - Gate Office of the Comply | |
| 5. If over \$100.00 cumulative, please grovide: 490 45 | :250 :350 | |
| Occupation Employer Self Employed | Click Here for Memo Itemization — | |
| Type of Contribution: Direct Loan from a person X Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4/27/12 Name & Address PAC Receipt? YES 4. Date of Receipt 4/27/12 Part Cliffs | | |
| 32711 Rusby Pr. Warnen, MI 48088 5. If over \$100.00 cumulative, please provide: | \$ 200 \$ 200 Click Here for Memo Itemization | _ |
| Doccupation Employer <u>Selfemployed</u> Business Address | Choic For Mono Remization | |
| Type of Contribution: Direct Loan from a person Y Fund Raiser | | |
| Contribution #3 PAC Receipt? YES 4. Date of Receipt 5/23/12 Comenica Inc. PAC P.O. Box 75000 Detroit MY 48275 If over \$100.00 cumulative, please provide: Description Employer Justiness Address Type of Contribution: Direct Loan from a person Fund Raiser | \$ 250 \$ 250 Click Here for Memo Itemization | |
| Contribution #4 PAC Receipt? YES 4. Date of Receipt 5/23/12 Robert Costa 24790 Camille Ham son Tup M 48045 If over \$100.00 cumulative, please provide: Decupation Resident Employer Content Plass Business Address 33525 Coros beck Frasa M 4902 (Type of Contribution: Direct Loan from a person Fund Raiser | \$\langle 125 \stack \text{\text{\$625}}\text{\$\frac{1}{25}\$}\$ Click Here for Memo Itemization | _ |
| Page Subto Grand Total of All Schedules 1 (Complete on last page of Schedu | 1A | _ |

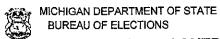
Page 12 of 66



1. Committee I.D. Number 138663

| CANDIDATE COMMITTEE | 2. Committee Name | CTE Anthony Wi | ckersham |
|--|---|----------------|--|
| Enter contributor's name and address. If contribution is from an individual, e middle initial. Check box to indicate if contribution is from a Political Commit Committee (PAC) Report all contributions regardless of amount. | tee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt Name & Address: | 1 5/23/12 | _ . | |
| 11994 Max Reld Blud, Hart land, MI 48353 5. If over \$100.00 cumulative, please/provide: | | \$ 250 | : 250 |
| Occupation Employer Self | Employed. | Click Here fo | or Memo Itemization |
| Business Address | | | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address Mark Crum | 6/22/12 | | |
| 54465 Horizon | | s_100_ | \$ 100 |
| 5. If over \$100.00 cumulative, please provide: | | Click Here for | r Memo Itemization |
| OccupationEmployer | • | | |
| Business Address | | | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt | 5/23/12 | | |
| 17955 Iris Circle | | \$ 250 | s 1.700 |
| 5. If over \$100.00 cumulative, please provide: | | Click Here for | Memo Itemization |
| Occupation BUS. Owner Employer Lango Co | onstruction | | |
| Business Address 28/35 Groenbeck Rose Carry Part Direct Loan from a person | 1116, M 4506 Fund Raiser | P | |
| . Contribution #4 PAC Receipt? YES 4. Date of Receipt lame & Address Mirdiw Paoud | 4/27/12 | | |
| 3086 China berry | | s 150 | . 150 |
| i. If over \$100.00 cumulative, please provide: | | | \$ |
| Occupation Employer <u>Self</u> | | Click Here for | Memo Itemization |
| Business Address | | | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| | Page Subtotal | 750 | |
| | d Total of All Schedules 1A e on last page of Schedule) | | · |

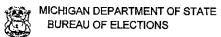
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CANDIDATE COMMITTEE

| 1. Committee I.D. Number | 138663 |
|--------------------------|-----------------------|
| 2. Committee Name C | TE Anthony Wickersham |

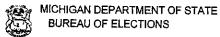
| CANDIDATE COMMITTEE | 2. Committee Name | CTE Anthony Wi | ckersnam |
|--|---|-----------------------------|--|
| Enter contributor's name and address. If contribution is from an individual, emiddle initial. Check box to indicate if contribution is from a Political Committee (PAC) Report all contributions regardless of amount. | enter last name, first name, Itee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt Name & Address: | ot 5/17/12 | | , |
| Lynn Pavidson 20800 farkplace Clinton Tup, M1 48036 5. If over \$100.00 cumulative, please provide: | | \$ 50 | \$(OO |
| Occupation Director FOC Employer Macon | b (assp | Click mere it | or Memo Itemization |
| Business Address 40 North Main Mt. C Type of Contribution: Direct Loan from a person | Fund Raiser | 18036 | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt | 1 6/21/12 | | |
| Bob Davidson 465 Mtchell Lakeld. | , , | \$_/ <i>0</i> 0 | \$_/ <i>0</i> 2) |
| AHICA MI 48412 5. If over \$100.00 cumulative, please provide: | is to Contino | Click Here fo | or Memo Itemization |
| Occupation Can Dealer Employer Serra B | VICK CAATTAL | | |
| Business Address 12300 30 Mile Washing | ton, MI 4809 | 5 | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Rece Name & Address: Peangel's 2224/ Gossdale St. | ipt <u> </u> | s 500 | \$ <u>7570</u> |
| 5 CS, M/ 48082 5. If over \$100.00 cumulative, please provide: | | Click Here fo | r Memo Itemization |
| Occupation Keticed Employer | | | |
| Business Address Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Address | | | |
| Paul DeCook 20305 Huran Dr. | | s 100 | s 160 |
| 5. If over \$100.00 cumulative please provide: | | | |
| Occupation Heat Treater Employer Temp Business Address 42386 Executive Or. Hay | Rite Stel | Click Here to | r Memo Itemization |
| Type of Contribution: Direct Loan from a person | riscu Tup, M/ Fund Raiser | 48845 | |
| | Page Subto | tal 750 | _ |
| | and Total of All Schedules 1 lete on last page of Schedu | | |
| Page 14 of 66 | | line 3a of Summary Page. | |



1. Committee I.D. Number 138663

| CANDIDATE COMMITTEE | 2. Committee Name | CTE Anthony Wi | ickersham |
|---|---|------------------|--|
| Enter contributor's name and address. If contribution is from an individual, middle initial. Check box to indicate if contribution is from a Political Comm Committee (PAC) Report <u>all</u> contributions regardless of amount. | enter last name, first name, littee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt Name & Address: | ipt 4/26/12 | _ | |
| 22934 Edge water SCS. MI 48012 | | s 7S | 190 |
| 5. If over \$100.00 cumulative, please provide: | b Cout | Click Here f | or Memo Itemization |
| Occupation Very Tracom Employer / Vacom Business Address South Main Mount (| Jemens, M/4 | 8043 | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Recei | pt 6/27/12 | | · · · · · · · · · · · · · · · · · · · |
| Kevin Denha 3916 Mt. Vernon | | <u>s 125</u> | 125 |
| 5. If over \$100.00 cumulative, please provide: | 2. arctics | Click Here fo | or Memo Itemization |
| 1 11 11 11 11 11 11 11 11 11 11 11 11 1 | operties | Λ ΙΌ | |
| | to 250 Bloom | - • | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | 48304 | |
| B. Contribution #3 PAC Receipt? YES 4. Date of Rece | ipt 7/10/12 | - | |
| 7021 Palmo | | s 100 | \$ 130 |
| Fair Laven MI 48023 5. If over \$100.00 cumulative, please provide: | | | Memo Itemization |
| Occupation Tewelec Employer Oseph Di Business Address 19876 Mack Grosse Ps Type of Contribution: Direct Loan from a person | Massid Tewelers INTE Woods MI Fund Raiser | : 48236 | |
| S. Contribution #4 PAC Receipt? YES 4. Date of Receipts Address | 5/25/12 | | |
| 2128 Kingcom | | • 100 | . 100 |
| i. If over \$100.00 cumulative glease provide: | | * 100 | \$_10O |
| | | Click Here for | Memo Itemization |
| Occupation Employer | | | |
| Business Address | | | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | -, | |
| | Page Subtotal | 400 | |
| | and Total of All Schedules 1A ete on last page of Schedule) | | · |

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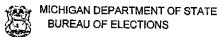


CANDIDATE COMMITTEE

1. Committee I.D. Number 138663

| CANDIDATE COMMITTEE 2. Committee Name | CIE Anthony W | ickersham |
|---|----------------------------------|--|
| 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. 3. Contribution # 1 PAC Receipt? VES A Date of Receipt VES A Date of Receipt VES A Date of Receipt VES Page A Date of Receipt VES A Date of | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7/12/12 Name & Address: Pat Dono Prio 49748 Thunder Bay Circle | | |
| 5. If over \$100.00 cumulative, please provide: | <u> 500</u> | <u>\$ 500</u> |
| Occupation Judge Employer Michigan Court Appro | Click Here f | or Memo Itemization |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 5/23/12 Name & Address | | |
| DPOA Political Actual Committee | s 750 | \$ 950 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #3 Name & Address: Christopher Oreckmann 3671 Deer Run Ore Brighton, MI 48114 5. If over \$100.00 cumulative, please provide: Occupation BUS. Owner Employer Bio Med Business Address 27087 Type of Contribution: Direct Loan from a person Fund Raiser | \$ 125 Click Here for 8066 | \$ <u>125</u> Memo Itemization |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6/22/12. Kimbery Dunn 57339 Ochulane | . 50 | 52 |
| 5. If over \$100.00 cumulative, please provide: | S JO | \$ <u>JU</u> Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) | 1,425 | |

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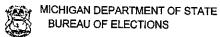


CANDIDATE COMMITTEE

| 1. Committee I.D. Number | 138663 |
|--------------------------|--------|
| | |
| * 67 | 4,5 |

| | JIE RICHORY WI | CKEISHAM |
|--|------------------------|--|
| 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. 3. Contribution # 1 PAC Receipt? | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| Name & Address: Lisa Edwards | <u>.</u> | |
| 1823 Washington Algonac, MI 48001 5. If over \$100.00 cumulative, please provide: | s 125 | \$ 145 |
| Occupation President Employer Anchor Ban Chambe | | or Memo Itemization |
| Business Address 36341 Front St. New Ba Ringe, MY Type of Contribution: Direct Loan from a person X Fund Raiser | 7047 | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6/21/13 | | |
| Paul Esposito 49419 Compass Point Chesterfield MI 48047 | <u> 500</u> | <u> 500</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation Bulder Employer Delta Managener | Click Here for | r Memo Itemization |
| Business Address 40680 Garfield Ste 3 Clinton Tup, MI | C4087 | |
| Type of Contribution: Direct Loan from a person Y Fund Raiser | | |
| 3. Contribution #3 Name & Address: PAC Receipt? YES 4. Date of Receipt 6/27/12 280 W. Maple Biv Mingham, MI 48009 5. If over \$100.00 cumulative, please provide: | \$ /ÔO Click Here for | \$/ |
| Occupation Employer | | |
| Business Address Type of Contribution: Direct Loan from a person Y Fund Raiser | | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6/21//2 Name & Address Ronald Fentun 1962 Long Lake Shore | s 540 | . 540 |
| bloom held Hills, MI 48302 5. If over \$100.00 cumulative, please provide: Occupation Psychologist Employer Pentan Associates | Click Here for I | Memo Itemization |
| Business Address 39949 Coarfield Clinton Tup, MI 4803 Type of Contribution: Direct Loan from a person Fund Raiser | 38 | |
| Page Subtotal | 11265 | |
| Grand Total of All Schedules 1A | 7 | |

Page 7 of 6



1. Committee I.D. Number 138663 SCHEDULE 1A **CANDIDATE COMMITTEE** CTE Anthony Wickersham 2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 PAC Receipt? 4. Date of Receipt Name & Address: ton Tup, M1 48036 5. If over \$100.00 cumulative, please provide: Occupation BUS Click Here for Memo Itemization **Employer Business Address** Type of Contribution: Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address GiUSEPPE 59878 Beechwood 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer Type of Contribution: X Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? 4. Date of Receipt Name & Address: Macomb, MI Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Maconb Cour Occupation_ Employer_ Business Address (Type of Contribution: Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? 4. Date of Receipt Name & Address Click Here for Memo Itemization Occupation_ Employer _ **Business Address** Type of Contribution: | Direct Fund Raiser Loan from a person

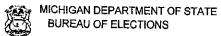
Grand Total of All Schedules 1A (Complete on last page of Schedule)

Page Subtotal

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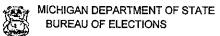
Page 18 of 66



1. Committee I.D. Number 138663

| CANDIDATE COMMITTEE | 2. Committee Name | CTE Anthony W | Lckersham |
|---|---|---------------------------------------|--|
| Enter contributor's name and address. If contribution is from an individua middle initial. Check box to indicate if contribution is from a Political ComCommittee (PAC) Report all contributions regardless of amount. | l, enter last name, first name, mittee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| Contribution # 1 PAC Receipt? YES 4. Date of Rec Name & Address: | eipt 5/23/12 | _ | T data of redelpty |
| Enic Plynn | . , | | |
| 354465t. Clair New Baltmare, MI 48047 5. If over \$100.00 cumulative, please provide: | | \$312.50 | £ 3,187,5 |
| Occupation Coumande Operating Employer ONIC | | Click Here f | or Memo Itemization |
| Business Address 50270 E. Russell Ship | | luxocı | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | , 4000 / | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt? | eipt 511 | 7/12 100 | · · · · · · · · · · · · · · · · · · · |
| eric Foster | 6/21 | 1/12 300 | |
| 41700 Conger Bally. Harrison Tap, M148045 | , | \$ | \$ 650 |
| 5. If over \$100.00 cumulative, please provide: | | | |
| Occupation Marino Rep. Employer Belle M | ger Harbor | Click Here fo | r Memo Itemization |
| Business Address 41700 Conger Bay Ham's | | 045 | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | 5 | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt? | eipt 5/23/12 | | · |
| Steven tox | 2/02/10. | • | |
| 48436 Britant Park Dr. | | s 125 | \$ 125 |
| Macomb, MI 48044 5. If over \$100.00 cumulative, please provide: | _ | Click Here for | Memo Itemization |
| Occupation Ast. Pros. Macan DEmployer Macan | b County | | |
| Business Address South Main Mt. Cleme Type of Contribution: Direct Loan from a person | Fund Raiser | 13 | |
| Contribution # 4 PAC Receipt? YES 4. Date of Receipt YES 4. Dat | eipt 5/23/12 | | |
| James Galloway | , -, | | |
| Gleat Bunker Hilbr. | | : 500 | : 1200 |
| 5. If over \$100.00 cumulative, please provide: 48094 | | · · · · · · · · · · · · · · · · · · · | |
| Occupation Co-OWNER Semployer Jets & | ina | Click Here for | Memo Itemization |
| Business Address 37501 Mound Stella | · Heichts MI | 48310 | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| | Page Subtotal | 1,337,50 | |
| Cro | and Total of All Cohodulas 4A | · · · · · · · · · · · · · · · · · · · | |

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



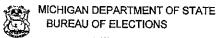
1. Committee I.D. Number 138663

| CANDIDATE COMMITTEE 2. Committee Name | E Alleholly WI | ckersnam |
|---|----------------|--|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC) Report <u>all</u> contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 6/27/12 Name & Address: Fadia Galwaa 28507 Bradru | | |
| 5. If over \$100.00 cumulative, please provide: | <u>\$ 200</u> | : 200 |
| 5. If over \$100.00 cumulative, please provide: Occupation Chirofacth Assemployer Dr. Lanny Cipson Business Address 31850 Schoenheum Warren, MI 4809: | Click Here fo | or Memo Itemization |
| 1 | 3 | |
| Type of Contribution: Direct Loan from a person N Fund Raiser | . | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 5/23/12 Name & Address | | |
| GAN Regional Council of Carpon ters PAC 3800, woodward Sixte 1200 | . 1.500 | . 1 577 |
| 3000 000000000 SV 4 (200 | » 1) JUO | »_/_ <u></u> |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | r Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Y Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 5/23/12 Name & Address: Eugene Gargaro | . 26 A | 0/2 |
| 22 lenaud | \$_00U_ | <u> </u> |
| GPS, M1 48236 | Click Here for | Memo Itemization |
| 5. If over \$100.00 cumulative, please provide: Occupation (awer Employer Eugene Carraro (Self) | | |
| Business Address 2063 D Harpen Ave. Suite 118 Haven Words, Type of Contribution: Direct Loan from a person X Fund Raiser | M148225 | |
| 8. Contribution #4 PAC Receipt? YES 4. Date of Receipt 4/27/12 | | |
| Cous Cehanam | | |
| 32068 Maranel | <u>\$ 100</u> | <u>\$ 200</u> |
| 5. If over \$100.00 cumurative, please provide: | Click Here for | Memo Itemization |
| Occupation Dep. Mile Was Employer Gy Warren | | |
| Business Address 1 City Square Warrey, M 48093 | | |
| Type of Contribution: Direct U Loan from a person Y Fund Raiser | | |
| Page Subtotal | 2,050 | |
| Grand Total of All Schedules 1A | | • |

(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

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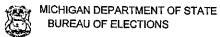
1. Committee I.D. Number 138663

| CANDIDATE COMMITTEE 2. Committee Name | CTE Anthony W | ickersham |
|---|--|--|
| 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 4/21/12 Name & Address: 4. Date of Receipt | | |
| 19714 ROSIN Clintin Dup M/ 48038 5. If over \$100.00 cumulative, please provide: | \$ 270 | <u>\$ 430</u> |
| Occupation Sansorship Employer Sansa Sup Solution | Click Here f | or Memo Itemization |
| | 1/ U8310 | |
| PAC Receipt? YES 4. Date of Receipt 5/25/12 Name & Address Dana Gine 375 67 Raddle St. Clinton Tup, MI 5. If over \$100.00 cumulative, please provide: Discoupation Director Employer Maconto Gonty Mente Business Address 22550 Hall Pd. Clinton Tup, MI 480 Type of Contribution: Spirect Loan from a person Fund Raiser | \$ <u>50</u> Click Here fo 4 Hauth 036 | \$ <u>150</u> or Memo Itemization |
| Address: PAC Receipt? YES 4. Date of Receipt 7/10/12 Thomas Goff 3891 Madufy Rd. Cakland, MI 48363 If over \$100.00 cumulative, please provide: Decupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser | \$\$ Click Here for | \$\$ |
| Contribution #4 PAC Receipt? YES 4. Date of Receipt 5/23/2 ame & Address Bill Goss 47352 PoweCrt. Shew Two, MI 47352 If over \$100.00 cumulative, please provide: Decupation Chira Pactar Employer Goss Chirapachic (Business Address Stato Metapolitan Prk. Statis Heights, M Type of Contribution: Direct Loan from a person Fund Raiser | \$ <u>250</u> Sclick Here for Clau (4)318 | \$ <u>3)0</u> Memo Itemization |
| Page Subtote Grand Total of All Schedules 1A | 400 | |

Page 21 of 66

(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



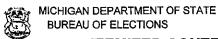
1. Committee I.D. Number 138663

| CANDIDATE COMMITTEE 2. Committee Name | CTE Anthony Wickersham |
|--|---|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first namiddle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. | ne, 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7/10/12 Name & Address: Margaret Hader 20246 Anita | |
| 5. If over \$100.00 cumulative, please provide: | <u>\$ 50</u> \$ 70 |
| Occupation Employer | Click Here for Memo Itemization |
| Business Address | · · · |
| Type of Contribution: Direct Loan from a person Fund Raiser | |
| A. Contribution #2 PAC Receipt? YES 4. Date of Receipt Shame & Address James Hall 2 6638 Birch cred Chesterfield MI 480 5. If over \$100.00 cumulative, please provide: Occupation Owner Employer Temo Surrous Business Address Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt WARD Fund Raiser Christophen Hanna | \$_250 s_870 Click Here for Memo Itemization |
| 3245 Kirk ton Sterling Meights, M1 48310 i. If over \$100.00 cumulative please provide: Description Employer Business Address Type of Contribution: Direct Loan from a person X Fund Raiser | \$\$\$\$ |
| Contribution #4 PAC Receipt? YES 4. Date of Receipt (127) Carle & Address Laith Hanna 180 Pierce St. Birming ham, W1 48009 If over \$100.00 cumulative, please provide: Occupation On tractor Employer Motor City Petrosusiness Address 15275 Hall Rd. Macanh, M1 4809 Type of Contribution: Direct Loan from a person Fund Raiser | \$_200 \$_300 Click Here for Memo Itemization |
| Page Subi | total (nh |

Page 22 of 66

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

ter this tot



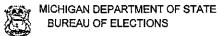
1. Committee I.D. Number 138663

| SCHEDULE IA | | 5.076,5 | |
|--|-------------------|----------------|--|
| CANDIDATE COMMITTEE | 2. Committee Name | CTE Anthony Wi | ckersham |
| Enter contributor's name and address. If contribution is from an individual middle initial. Check box to indicate if contribution is from a Political Comm Committee (PAC) Report <u>all</u> contributions regardless of amount. | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt & Address: | eipt 6/27/12 | | |
| and Hannawa | | | - |
| 45 Dlo Quarton Bloomfield MJ 48302 5. If over \$100.00 cumulative, please provide: | | \$ 500 | <u> 500</u> |
| 5. If over \$100.00 cumulative, please provide: | - olarad | Click Here fo | or Memo Itemization |
| Occupation EmployerSelfe | mpioyeuc | | |
| Business Address Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt & Address | eipt 5/1/12 | - | |
| John Hart | · | 1 2 | 100 |
| 38120 Willowmere | | \$ <i>100</i> | \$ 165 |
| 5. If over \$100.00 cumulative, please provide: | • | Click Here fo | r Memo Itemization |
| Occupation Retired Employer | | | |
| Business Address | | | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Rec | eipt <i>5</i> / | 123/12 250 | |
| Pichard Hathaway | 61 | 21/12 125 | |
| 514 Hidden Cane | τ' | \$ | s 1,87S |
| 6. If over \$100.00 cumulative, please provide: | - 4 | Click Here for | r Memo Itemization |
| Occupation Tudge Employer Wayne | County | | |
| Business Address 441 St. Andrew Definition Direct Loan from a person | M/ 4822k | | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Rec | ceipt 6/1/1/2 | | |
| Name & Address Pana Hathavars | 7/ 1/1 | -• | |
| 1027 Forest Ave. | | <i>.</i> 400 | $\mathcal{L}(\Omega)$ |
| 5. If over \$100.00 cumulative, please provide: | | | \$(VV |
| | Hathaway | Click Here for | Memo Itemization |
| Business Address 5,0 West Big Beaver Site | 200 Tray, M/2 | 1180Y | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| | Page Subtot | la 1, 375 | |

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

Enter this total on line 3a of Summary Page.

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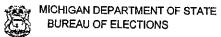
1. Committee I.D. Number 138663

| CANDIDATE COMMITTEE | 2. Committee NameC | TE Anthony Wi | ckersham |
|--|---|----------------------------|--|
| Enter contributor's name and address. If contribution is from an individual, middle initial. Check box to indicate if contribution is from a Political Commic 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 Receivance & Address: Ryan Hathaway | pt 5/11/12 | | |
| 746 Balfon Grose Binte Park M/ 48230 5. If over \$100.00 cumulative, please provide: | | \$ 1,000 | £ 2,250 |
| | elecon tha SCS, MI 48 | | or Memo Itemization |
| Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receive Name & Address Ronald Heitmann | pt_5/23/12 | | |
| 14450 Bournemuth | | s_125 | \$ 125 |
| Shelby Tupi MI 48315 5. If over \$100.00 cumulative, prease provide: | 1 11 por Meto | Click Here fo | r Memo Itemization |
| Occupation Physician Employer Heng For Business Address 36539 Harper Strick Cluster Type of Contribution: Direct Loan from a person | ton) up, M/ 480 Fund Raiser | 935 | |
| | rley Blaser | \$1/000_ Click Here for | \$/_ <i>OOO</i> Memo Itemization |
| Robert Huth 2486 Hawthorne Pr. Sout | 412415 | 1,000 | . 1,750 |
| Shelby, MI 48316 5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer Rounds | ll-(ancl. | . / | Memo Itemization |
| Business Address 9 500 Holl Rd. Ste 00 Type of Contribution: Direct Loan from a person | Clinton Tup, M Fund Raiser | 1 48038 | |
| Gra | Page Subtotal and Total of All Schedules 1A | 3,125 | · |

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Enter this total on line 3a of Summary Page.

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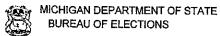
1. Committee I.D. Number 138663

| CANDIDATE COMMITTEE | Committee Name | CTE Anthony Wi | lckersham |
|--|---------------------------|----------------|--|
| Enter contributor's name and address. If contribution is from an individual, e middle initial. Check box to indicate if contribution is from a Political Commit Committee (PAC) Report all contributions regardless of amount. | ttee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: Ortson Dacobelli | 4/22/12 | _ | |
| 53058 Ridgewood Dr. Chesterfield MI 48051 5. If over \$100.00 cumulative, please provide: | | =,1,000 | £ 1,000 |
| Occupation Owner Employer Concern | d Construct | Click Here f | or Memo Itemization |
| | acomb MI | 12045 | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | .00 //3 | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address Marcello Tannucci | 5/23/12 | | |
| 57037 Juliann | | . 250 | s 350 |
| 5. If over \$100.00 cumulative, please provide: | | *_ <u></u> | \$_ 5 <i>JU</i> _ |
| 5. If over \$100.00 cumulative, please provide: | + Hansa | Click Here fo | r Memo Itemization |
| Occupation Builder Employer Suncres | + Momes | | |
| Business Address Sound | , | | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | | · · · · · · · · · · · · · · · · · · · |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: Roser Tanh vcc | 1_5/23/12 | | |
| 23386 Angel Park | | <u> 375</u> | \$ 395 |
| 5. If over \$100.00 cumulative, please provide: | | Click Here for | Memo Itemization |
| Occupation Control Employer | | | |
| Business Address Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address Rick Tabers | 3/13/12 | | |
| 3770 Daley | | s 3,100 | . 3,100 |
| 5. If over \$100.00 cumulative, please provide: 48412 | | | |
| - A | 100 NED | Click Here for | Memo Itemization |
| Business Address 21750 Hall Rd. Clintin To | up, MI 4802 | 9 | |
| | Fund Raiser | | |
| | Page Subtotal | 4726 | |
| Grand | Total of All Schedules 1A | | , |

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(Complete on last page of Schedule) L Enter this total on

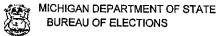
line 3a of Summary Page.



1. Committee I.D. Number 138663

| CANDIDATE COMMITTEE | 2. Committee NameC | TE Anthony Wi | ckersham |
|---|--|--------------------------|--|
| Enter contributor's name and address. If contribution is from an individual, e middle initial. Check box to indicate if contribution is from a Political Commit Committee (PAC) Report all contributions regardless of amount. | nter last name, first name, lee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution #1 PAC Receipt? VYES 4. Date of Receipt Name & Address: The Holding Corp. PAC St | | | 350 |
| DIC Holdings Corp. PAC St. 201 Townsend Street St. MI 48933 5. If over \$100.00 cumulative, please provide: | 014 700 | : 250 | \$ |
| Occupation Employer | | Click Here fo | r 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 Jeffrey Jaboro 3244 Bynatas | 6/27/12 | | |
| | 4 | \$ <u>200</u> | £ 200 _ |
| Sterling Heights, MI 4831 5. If over \$100.00 cumulative, please provide: | 1 | Click Here for | Memo Itemization |
| Occupation Sclfemployed Employer 1 | • | | |
| Business Address | <i></i> | | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | _ | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: Paul Taboro 400 14 Kraftor- Steving Heights, MI 48310 5. If over \$100.00 cumulative, please provide: Occupation Ins. Sales Employer The Rich Business Address 6900 Miller Or. Was company. | + Choice | \$_350 Click Here for | \$_350 Memo Itemization |
| Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Name & Address Kiurtis Jackson 32864 N. River Rd. | - 12./10 | £540 | \$ 540 |
| 5. If over \$100.00 cumulative, please provide: | 3 | | |
| Occupation BUS. Owner Employer Smart | Start | Click Here for I | Memo Itemization |
| Business Address 4211 Trwin Rd. Harrison Type of Contribution: Direct Loan from a person | Tup, MI 4804 Fund Raiser | 5 | |
| | Page Subtotal | 1,340 | |
| | f Total of All Schedules 1A on last page of Schedule) | Fatantia | • |

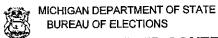
Page <u>26</u> of <u>66</u>



1. Committee I.D. Number 138663

| | CTE Anthony Wi | ckersham |
|--|-------------------------|--|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7/0/2 Name & Address: SameS SacoloS 14500 2Mile Rd. Warren, MI 48088 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct | \$ 50 Click Here fo | s 50 or Memo Itemization |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4/27/12 Name & Address Jason Jarjosa 6530 Wing Lake Road 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser | \$ <u>[0</u> 6 | \$ <u>/OO</u> r Memo Itemization |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/10/12 Hugh Jarvis Ayleos North Meadow Pr. Harrisan Jup, MI 48045 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser | \$ /O Click Here for | \$/O Memo Itemization |
| 3. Contribution #4 Name & Address Ohn Jos Jandza 168 Jones Mt. Clemens MI 48046 5. If over \$100.00 cumulative, please provide: Occupation Self employed Employed Business Address P.O. Box 46034 Mt. Clemens, MI 48043 Type of Contribution: Direct Loan from a person Fund Raiser | s 250 Click Here for | \$ 290 Memo Itemization |
| Page Subtotal Grand Total of Ali Schedules 1A (Complete on last page of Schedule) | 110 | · |

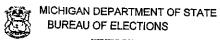
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1. Committee I.D. Number 138663

| SCHEDULE IN | 1.000.0 | |
|---|------------------------------------|--|
| CANDIDATE COMMITTEE 2. Committee Name | CTE Anthony Wi | ckersham |
| 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. | e, 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 6/22/12 Name & Address: Phonda Johnson 7787 Glacier Club Dr. | . 1 000 | · 1.000 |
| 5. If over \$100.00 cumulative, please provide: Occupation HOUSLWIFE Employer | Click Here f | or Memo Itemization |
| Business Address Type of Contribution: Direct Loan from a person Fund Raiser | | |
| And Solver \$100.00 cumulative, please provide: Occupation | \$ <u>1,000</u> Click Here fo | s 1,000 or Memo Itemization |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 5/23/1. Name & Address: Our lene Kalm (910 W. Gatess). Conco, MI 48065 5. If over \$100.00 cumulative, please provide: Occupation NUCL Employer Mt. Clemens Olnera. Business Address OOO Harring to M. Clemens, MI 48043 Type of Contribution: Direct Loan from a person Fund Raiser | 2 \$ 125 Click Here fo | s 355 or Memo Itemization |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 5/23/12 Name & Address Ovyglas Kaltz (6060 Nethrest Capac, My 4804 5. If over \$100.00 cumulative, please provide: Occupation Onstructor Employer Katn Exauatry Business Address 2420 Avar Pd. Avar Hills M Type of Contribution: Direct U pan from a person X Fund Raiser | \$ 250 Click Here fo 7 48326 | \$ <u>350</u> or Memo Itemization |
| Type of Contribution: Direct Loan from a person Y Fund Raiser Page Sub | ototal 2,276 | 5 |

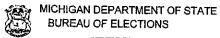
Grand Total of All Schedules 1A (Complete on last page of Schedule)



1. Committee I.D. Number 138663

| CANDIDATE COMMITTEE 2. Committee Name | CTE Anthony Wickersham |
|--|---|
| 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 4/27/2 Name & Address: Kerth Kase | - take or receipty |
| 35074 Benton St. | 100 |
| Memphis, MI 48041 5. If over \$100.00 cumulative, please provide: | \$ 100 \$ 100 |
| Occupation Employer | 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 6/22/12 Name & Address Homas Kemp | |
| 8459 Tipsico Trail | |
| | \$ 1,000 \$ 1,000 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for Memo Itemization |
| Occupation Buildes Employer Kemp Building Business Address 275 W. Girard Madison Heights M. | • • • • |
| | 1 48071 |
| Type of Contribution: Direct Loan from a person Fund Raiser | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 5/23/13 Name & Address: Larry King 46100 Sugarwsh New Balting, MI 48047 5. If over \$100.00 cumulative, please provide: | \$ 125 \$ 125 Click Here for Memo Itemization |
| Occupation retired Employer_ | |
| Business Address | |
| Type of Contribution: Direct Loan from a person Fund Raiser | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 5/23/2. Name & Address Robert Kirk 37539 Hidden Valley Cf. | |
| Clinton Tup, MI 48036 | £500 £2,250 |
| 5. If over \$100.00 cumulative please provide: | Click Here for Mome Hamineties |
| Occupation Attorney Employer Kirk, Huth, Lange; Badak | Ment |
| Business Address 19500 Hall Rd. Ste 100 Clinton True N | 11 48038 |
| Type of Contribution: Direct Loan from a person Fund Raiser | -1 (0-0 |
| Page Subtotal | 1,725 |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | |
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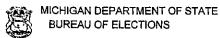


1. Committee I.D. Number 138663

| CANDIDATE COMMITTEE 2. Co | ommittee Name | CTE Anthony W | ickersham |
|--|--|----------------|--|
| Enter contributor's name and address. If contribution is from an individual, enter las middle initial. Check box to indicate if contribution is from a Political Committee or a Committee (PAC) Report all contributions regardless of amount. | st name, first name, an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Amne & Address: | 17/12 | | |
| 3232, Chesapeake Sterling Heights, MI 48314 5. If over \$100.00 cumulative, glease provide: | | \$ 100 | \$ 100 |
| Occupation Employer | , | Click Here t | 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 Shame & Address Tames Knobelsdorf 13378 Ambergien | 5/23/12 | | <u> </u> |
| Washington, MI 48094 | | \$_125 | \$ 225 |
| 5. If over \$100.00 cumulative, please provide: Occupation Police Office. Employer Poseule Police | a Det. | Click Here fo | or Memo Itemization |
| 7 Table 18 T | 1 48066 Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: Paul Kokesh 41345 Belvidene Harrisan Tup., MI 48045 5. If over \$100.00 cumulative, please provide: Occupation Occupation Employer Onic Business Address 50270 E. Pussell Schnidt Ch | 5/23/12 | | \$ 3187.30 Memo Itemization |
| B. Contribution #4 PAC Receipt? YES 4. Date of Receipt | Raiser 1/24/12 | 75 | |
| 5. If over \$100.00 cumulative, please provide: | -1 -11- | \$ | . 95 |
| Occupation retired Employer | | Click Here for | Memo Itemization |
| Business Address Type of Contribution: Direct Loan from a person Fund R. | aiser | | |
| Grand Total of | Page Subtotal | 612,50 | · |

Page 30 of 60

(Complete on last page of Schedule)



1. Committee I.D. Number __138663

| CANDIDATE COMMITTEE 2. Com | | TE Anthony Wi | ckersham |
|--|----------------------------------|----------------|--|
| Enter contributor's name and address. If contribution is from an individual, enter last n middle initial. Check box to indicate if contribution is from a Political Committee or an Committee (PAC) Report all contributions regardless of amount. | iame, first name, Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 5/Name & Address: Don Kuhn P.O. Box 1309 Kalkuskay MI 49646 | 23/12 | | |
| Kalkoska, MI 49646 | | <u> 125</u> | : 295 |
| 5. If over \$100.00 cumulative, please provide: Occupation Own of Employer | are train | Click Here fo | r Memo Itemization |
| Business Address 290 E. Dreta Poad BoyneCat Type of Contribution: Direct Loan from a person Fund Ra | MI 4971 | 12-9024 | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6 Name & Address Harry Cabro 15500 Prayho | 127/12 | , | 1 |
| Roseville, MI 48066 | | \$ <u></u> | \$ 100 |
| 5. If over \$100.00 cumulative, please provide: | , | Click Here for | r Memo Itemization |
| Occupation Self employed Employer | | | |
| Business Address | aiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 5/ Name & Address: Many Camparter 41 Fontana Canl Ceps, MI 48236 | 123/12 | \$ 250 | \$ 250 |
| 5. If over \$100.00 cumulative, please provide: | | Click Here lor | Memo Itemization |
| Occupation Bus. Owner Employer DC35 Business Address 7205 Sterlin Pands Ct. Sterlin 14 Type of Contribution: Direct Roan from a person Fund R | | 48312 | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 5 Name & Address Amante Lanzon 37741 Huron Pointe | 123/12 | 250 | |
| 5. If over \$100.00 cumulative, please provided M1 48045 | | Click Here for | \$Memo Itemization |
| Occupation Operated Employer Jeton Bouler | | | |
| Business Address 2931 Beaufart Detrat M 4 | 820/ | | |
| Type of Contribution: Direct Loan from a person Kund Rai | iser Page Subtotal | 725 | |
| Grand Total of | All Schedules 1A | 725 | |

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(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



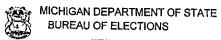
1. Committee I.D. Number 138663

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| | E Anthony WI | |
|--|----------------------------|--|
| 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 6/21/12 Name & Address: Stephen Caporte alosso Autumn Cale | | |
| 5. If over \$100.00 cumulative, please provide: | \$ 600 | £ 600 |
| Occupation VP Operations Employer Continental Services | Click Here fo | r Memo Itemization |
| Business Address 35710 Mound Sterling Heights M/ 48313 Type of Contribution: Direct Loan from a person Fund Raiser | 3 | |
| 6499 warren Rd. 6/21 | 3/12 125 /\$/2 300 | \$ 455 |
| Ahn Arbor, MI 48105 5. If over \$100.00 cumulative, please provide: Occupation Senior VP Employer the Right Choig Insu Afen Business Address 6900 Miller Dr. Warren, MI 48092 | Ъ | r Memo Itemization |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 5/23/12 Name & Address: Pamela Lavers 27870 CaurenSt. Harnisch Tup, MI 48045 5. If over \$100.00 cumulative, please provide: | s 125 Click Here for | \$ |
| Occupation Scruting Liasan Employer Macomb Country | | Mono Ronization |
| Business Address 10 North Main Mt. Clemens, M. 48043 | | Momo Romization |
| Business Address Double Main Mt. Clemens M 48043 Type of Contribution: Direct Loan from a person Fund Raiser B. Contribution # 4 PAC Receipt? YES 4. Date of Receipt (4/22/12) Name & Address Tan Cel 194 Bradles St. Romes M 48065 5. If over \$100.00 cumulative, please provide: | \$/000 Click Here for I | \$MOO |
| Business Address Double Main Mt. Clemens M 48043 Type of Contribution: Direct Loan from a person Fund Raiser B. Contribution #4 PAC Receipt? YES 4. Date of Receipt 4/22/12 Name & Address Tan Cel 194 Bradles St. Romes M 48065 5. If over \$100.00 cumulative, please provide: Occupation Housewife Employer | \$/000 Click Here for I | s_1,000_ |
| Business Address Double Main Mt. Clemens M 48043 Type of Contribution: Direct Loan from a person Fund Raiser B. Contribution # 4 PAC Receipt? YES 4. Date of Receipt (4/22/12) Name & Address Tan Cel 194 Bradles St. Romes M 48065 5. If over \$100.00 cumulative, please provide: | \$/000 Click Here for I | s_1,000_ |

Page 32_ of 100

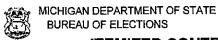
line 3a of Summary Page.



1. Committee I.D. Number 138663

| CANDIDATE COMMITTEE 2 | . Committee NameC | TE Anthony W | ickersham |
|--|---|--------------------------|--|
| Enter contributor's name and address. If contribution is from an individual, ente middle initial. Check box to indicate if contribution is from a Political Committee Committee (PAC) Report all contributions regardless of amount. | r last name, first name, or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt - Name & Address: Wancy Cipper + 3552 Hamle + Sterling Heights, MI 43310 5. If over \$100.00 cumulative blease provide: | 7/10/12 | £00 | _{\$} (00) |
| · I | | Click Here f | or Memo Itemization |
| OccupationEmployer | | 0.101(110101 | or wello temization |
| | ınd Raiser | _ | |
| 3. Contribution #2 PAC Receipt? TYES 4. Date of Receipt | 1/20/12 | | |
| P.O. Box 111 | | <u>* う00</u> | \$ <u>300</u> |
| 5. If over \$100.00 cumulative, please provide: | | Click Here fo | or Memo Itemization |
| Occupation Employer | · | | |
| Business Address | | | |
| | und Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: Nancy Locricchio 23739 KIM Dr. Clinton Tup, MI 48035 5. If over \$100.00 cumulative, please provide: | <u>S/23/12</u> | \$ 250 Click Here for | \$ <u>450</u> Memo Itemization |
| Occupation Retired Employer | | | |
| Business Address Type of Contribution: Direct Loan from a person Fu | | | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Name & Address Michael Locricchio 38202 Saddle Lane | 5/23/16 6/21/1 | 2 250 2 300 | . 1800 |
| 5. If over \$100.00 cumulative, please provide: | | Oliviana | * 1,000 |
| Occupation CPA Employer Metaler L | ocriatiose | na pc. | Memo Itemization |
| Business Address 1800 Bis Boaves Sut 100 Troy Type of Contribution: Direct Loan from a person Fund | M1 48084 d Raiser | | |
| | Page Subtotal | 1,200 | |
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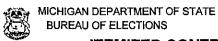
| SCHEDULE IA | • | 1.000 | |
|--|--|--------------------|--|
| CANDIDATE COMMITTEE | 2. Committee Name | CTE Anthony Wi | ckersham |
| Enter contributor's name and address. If contribution is from an individual, er middle initial. Check box to indicate if contribution is from a Political Committee (PAC) Report all contributions regardless of amount. | nter last name, first name, see or an Independent | , 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt Name & Address: Pamela Combardo | 5/23/12 | | |
| 11473 Bayberry Dr. Bruce Tup., MI 48065 5. If over \$100.00 cumulative, please provide: | | = 250 | £ 350_ |
| Occupation HOUS WIFE Employer | | Click Here fo - | or Memo Itemization |
| Business Address Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address Anna Lisa Combardo | 6/22/12 | | |
| 1101 Woodward | | s 1,000 | \$ 1,000 |
| Pochester, MI 48307 5. If over \$100.00 cumulative, please provide: | 110 | Click Here fo | or Memo Itemization |
| Occupation Contaller Employer Combards Business Address 51237 Technology Shell | by Tup., M | 48315 | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Albert Corengo 37281 Woodside | 5/23/18 | 1 125 | · 375 |
| 5. If over \$100.00 cumulative, please provide: | | Click Here fo | r Memo Itemization |
| Occupation Ast. Count Exec. Employer Macom Business Address South Main Mt. Clemens Type of Contribution: Direct Loan from a person | D COUNTY MI 48043 Fund Raiser | | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Recei | 7/12/12 | _ | |
| 43/29 W. Kirkwood | | : 360 | s 600 |
| Clinton Jup. M. 48038 5. If over \$100.00 cumulative, please provide: Occupation Wholesele Foods Employer Richau | d Lucido i Sa | Click Here fo | r Memo Itemization |
| Business Address 7201 W. Fort Detroit 1 | 11 48209 | | |
| Type of Contribution: Direct Loan from a person | Fund Raiser Page Subt | otal 726 | |
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Grand Total of All Schedules 1A (Complete on last page of Schedule)

ter this total on

Enter this total on line 3a of Summary Page.

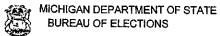
Page 34 of 60



1. Committee I.D. Number 138663

| CANDIDATE COMMITTEE | 2. Committee NameC | TE Anthony Wi | ckersham |
|---|---|----------------|--|
| Enter contributor's name and address. If contribution is from an individual, middle Initial. Check box to indicate if contribution is from a Political Comm 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 Recei | pt 6/21/12 | | |
| 14601 Brega. Shelby Tup., MI 48315 | | \$ 500 | \$ 4,000 |
| 5. If over \$100.00 cumulative, please provide: | Mannelle PC | Click Here fo | or Memo Itemization |
| () ((((((- ())))))))) | up. MI 48038 | | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Recei | pt 6/22/12 | | |
| Michael Lynch | · | | |
| 7261 Parklane | | \$ 1,000 | \$ 1,000 |
| Algorac, MJ 48001 5. If over \$100.00 cumulative, please provide: | CI | Click Here fo | r Memo Itemization |
| Occupation Cur Sales Employer Ford Mi | | _ | |
| Business Address 135 N. Bradley Korers (| 16,M/49779 | 7 | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | <u> </u> | |
| B. Contribution #3 PAC Receipt? YES 4. Date of Receive & Address: Harold Macdonald | ipt 6/21/12 | | |
| 6900 Miller Dr. | | <u> 500</u> | , 500 |
| 5. If over \$100.00 cumulative, please provide: | . • | _ | Memo Itemization |
| Occupation / awer Employer CawOffic | ies of Horold M | ar Donald | |
| Business Address 205 Pockester Top N Type of Contribution: Direct Loan from a person X | 1 48684 | | |
| B. Contribution #4 PAC Receipt? YES 4. Date of Receipt? | eipt | _ | |
| 1 | | | |
| • | | \$ | \$ |
| 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 | | |
| | Page Subtotal | 2,000 | |
| | and Total of All Schedules 1A lete on last page of Schedule) | | J |

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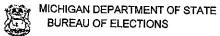


1. Committee I.D. Number 138663

| CANDIDATE COMMITTEE 2. Committee Name | CTE Anthony Wi | ckersham |
|---|-------------------|--|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 6/21/12 Name & Address: Wike Magnoli 6402 Bay power. | | , |
| 5. If over \$100.00 cumulative, please provide: | \$ 300_ | \$ 1,600 |
| Occupation Buildes Employer Michael Angelo Const | | or Memo Itemization |
| Business Address 59 227 Van We Washin to M 480 Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6/21//2 Namie & Address Carry Manatrey 1983 Fox River Rd. | s 100 | \$ |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation Employer Self' employed | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 5/23/12. Name & Address: Steve Mancini | | |
| 37532 HiddenValley Const | s 250 | s 750 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation BUS. Owner Employer Mancing End. Business Address 6850 Medeen Mile Sterlin Heights, MI Type of Contribution: Direct Loan from a person Fund Raiser | 18314 | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 5/23/12 | | |
| Philip Maniaci 37195 Jordan Clinton Tup, MI 48036 | \$ 125 | <u> 125</u> |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation Financial Advisor Employer Raymond James Assoc | | |
| Business Address 1999 Halled Maconb MI 4804 | 4 | |
| Type of Contribution: | ne | |
| Grand Total of All Schedules 1A | - //) | |

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

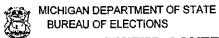


ITEMIZED CONTRIBUTIONS

| SCHEDULE 1A | 1. Committee I.D. Number | 130003 | |
|--|--------------------------|---------------------|--|
| CANDIDATE COMMITTEE | | TE Anthony Wi | ckersham |
| Enter contributor's name and address. If contribution is from an individual, el middle initial. Check box to indicate if contribution is from a Political Committee (PAC) Report all contributions regardless of amount. | ee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt Name & Address: Pete Marrocco | (0/21/12 | | |
| 5. If over \$100.00 cumulative please provide: | | \$ 100 | : 200 |
| Occupation _ Construction _ Employer _ Duro Con | struction | Click Here fo | r Memo Itemization |
| Business Address 51935 Hayes Road Shew Type of Contribution: Direct Loan from a person | | 315 | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address Herman Masters | 6/21/12 | | |
| 4774 Douglas Fir Dr. | | \$ 300 | \$_300 |
| 5. If over \$100.00 cumulative, please provide: | | Click Here for | Memo Itemization |
| Occupation Brs. Owner Employer Cicchini | | | |
| Business Address 1805 Od Woodward Bi | rmingham, M/ | 48009 | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: | 6/27/12 | | |
| 37450 Harren Od | | \$ 100 | . /^ |
| 37450 Harpen Qd. Clinton Tup., MI 48035 5. If over \$100.00 cumulative, please provide: | | Click Here for I | Memo Itemization |
| OccupationEmployer | | | |
| Business Address Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Name & Address D. E. McChrron | 5/23/12 | | |
| 24336 Sherbeck | | s 125 | . 125 |
| 5. If over \$100.00 cumulative, please provide: | | Click Horo for N | Aoma Harirati |
| Occupation Discrang Agal Employer Lake sid | e Insuano On | A Click Fiere for N | lemo Itemization |
| Business Address 49230 Gratot Chart | erfield, MI 40 | | |
| Type of Contribution: Direct Loan from a person | und Raiser Page Subtotal | 1001 | |
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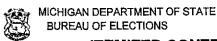
Grand Total of All Schedules 1A (Complete on last page of Schedule)



| | CANDIDATE | COMMITTEE | 2. Committee Name | CTE Anthony Wic | kersham |
|-----------------------------------|---|--|--|---------------------------------|--|
| middle initial. Chec | ck box to indicate if cor | contribution is from an individual, tribution is from a Political Comm regardless of amount. | enter last name, first name, littee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 5. If over \$100,00 | Nicole M 38123 S Harrison cumulative, please pr resul Mgs. 4662 n: Direct PAC Receipt? | Cluster Planary Novide: Employer Mag v Otty Corted Loan from a person YES 4. Date of Rece McConaghy | Thina Tup. Mill Fund Raiser | | \$ 250 r Memo Itemization |
| 5. If over \$100.00 of Occupation | 1981 En Bloomfie cumulative, please pr Horny 370 E | osswick Rd. Id, MI 4830 | Sij. Corp. | \$ <u>260</u> Click Here for | \$_550 r Memo Itemization |
| (| cumulative, Please Pr 5 · Owner 54990 S | ourn D. MI 48317 | na Trucking | \$ | \$ 150 Memo Itemization |
| 9 | cumulative, please pr | haels hoenherr p., MI 48315 | Fund Raiser | \$ /00 Click Here for | \$Memo Itemization |
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(Complete on last page of Schedule)



120662 1. Committee I.

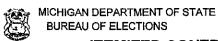
| D. | Number | 730003 |
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| ٠. | | |

CTE Anthony Wickersham CANDIDATE COMMITTEE 2. Committee Name 7. Cumulative for Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Contributor (Through Committee (PAC) Report all contributions regardless of amount. date of receipt) 3. Contribution #1 PAC Receipt? 4. Date of Receipt Name & Address: Macomb, MI
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer. Occupation **Business Address** Type of Contribution: Fund Raiser Direct Loan from a person 4. Date of Receipt YES 3. Contribution #2 PAC Receipt? Name & Address Michalke Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Employer_ Occupation _ **Business Address** Fund Raiser Type of Contribution: | X Direct PAC Receipt? 3. Contribution #3 4. Date of Receipt Name & Address: Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Employer_ Occupation | **Business Address** Direct Loan from a person Fund Raiser Type of Contribution: Contribution # 4 Date of Receipt Name & Address Click Here for Memo Itemization Business Address 265 Groesbeck Fund Raiser Type of Contribution: Loan from a person Direct Page Subtotal

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

Enter this total on line 3a of Summary Page.

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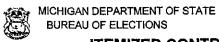


1. Committee I.D. Number ______138663 **

| CANDIDATE COMMITTEE 2. Committee Name | E Anthony Wi | ckersham |
|--|-----------------|--|
| 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 6/2//2 | | |
| 16884 Kenneth Macomb, MI 48044 5. If over \$100.00 cumulative, please provide: | \$ 100 | s 160 |
| Occupation Deputy Employer Macomb Sheriff Pept Business Address 43565 Elizabeth Mt. Clemens, MI Y8 | • | or Memo Itemization |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| PAC Receipt? YES 4. Date of Receipt 6/21/12 Jame & Address Paul Misukewicz 16548 Radison | . 500 | .50) |
| Macomb, M 48049 i. If over \$100.00 cumulative, please provide: | S Click Here fo | or Memo Itemization |
| T T | 8317 | |
| Contribution #3 PAC Receipt? YES 4. Date of Receipt 4/26/12 Susan Moase 36571 Payre | 100 | \$/ <i>0</i> 7) |
| Clinton Tup., MI 48035 If over \$100.00 cumulative, please provide: | Click Here for | r Memo Itemization |
| Business Address Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Contribution #4 PAC Receipt? YES 4. Date of Receipt 5/23//2 Scott Moceni 49776 Baknax. | . 125 | lo C |
| Maconb, MI 48044 If over \$100.00 cumulative, please provide: | Click Here for | • Las |
| Occupation CPA Employer MTC Homes. Business Address 4660 Romeo Plank Ste 5 Macomb, MI | 48044 | |
| Type of Contribution: Direct Loan from a person X Fund Raiser Page Subtotal | 975 | |

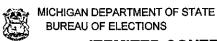
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Grand Total of All Schedules 1A (Complete on last page of Schedule) 842



1. Committee i.D. Number 138663

| CANDIDATE COMMITTEE 2. Committee Name | CTE Anthony Wi | ckersham |
|--|--|--|
| 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 6/21//2 Name & Address: OM MoonS | _ | |
| 49898 Willowwood Macomb, MI 48044 5. If over \$100.00 cumulative, please provide: | s 100 | £ 100 |
| 5. If over \$100.00 cumulative, please provide: | Click Here f | or Memo Itemization |
| Occupation Rost. Owner Employer Crews In | NJ 48045 | |
| Type of Contribution: Direct Loan from a person Fund Raiser | UI 480 110 | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt | | |
| Name & Address Patrick Moran | 100 | 07:- |
| 26201 Harbour Pointe Dr. | \$ | \$ 4/5 |
| Harrison Tup, MI 48045 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| and doe large gouten mount Pot Moran Cheurolet | | |
| Business Address 35500 S. Gratiot Clinton Tup, MI | 48035 | |
| Type of Contribution: | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 5/23/13 Name & Address: Onorio Moscorl | } | |
| 57125 Deer Creek Cd. | \$ 125 | . <u>\$ 250</u> |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation Bull der Employer Bona Vistache. | bo 1 | |
| Business Address | 8317 | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6/27//2 | _ | - |
| Name & Address Jovian Nafsu | | |
| 3189 Farmdale Sterling Heights, MI 48314 | s 100 | s 100 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | 1 /10 7 | |
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| Page 41 of 66 | Enter this total on line 3a of Summary Page. | |

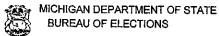


1. Committee I.D. Number 138663 *

| | TE Anthony Wie | ckersham |
|--|---------------------------------|---|
| 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 6/27/2 Name & Address: Vajjar for Stark Rep Electric Council Hele 4299 Berkshine Sterling Heights, MI 48314 5. If over \$100.00 cumulative, please provide: Discoupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser | \$(OT) Click Here fo | \$ <u>/00</u> or Memo Itemization |
| Adil Nalou 386 Wolvering 5. If over \$100.00 cumulative, please provide: Decupation | \$(OO) Click Here for | \$ / <i>O</i> O |
| PAC Receipt? YES 4. Date of Receipt 6/21/12 Frank Nicole IIa 37548 Hidden Valley Crt. Clinton Tup., MI 48036 5. If over \$100.00 cumulative, please provide: Discupation Poticed Employer Type of Contribution: Direct Loan from a person Fund Raiser | \$ <u>[00</u> Click Here for | \$ |
| Contribution #4 PAC Receipt? YES 4. Date of Receipt 5/23/12 Jame & Address Robert Nowals Ki 44616 Mound Rd. Sterling Heights, MI 48314 5. If over \$100.00 cumulative, please provide: Occupation 60ft Pro. Employer Sterling Wholesale Business Address 33755 Coroebeck Traser, MI 48026 Type of Contribution: Direct Loan from a person Fund Raiser | \$_125_ Click Here for | \$ 25 Memo Itemization |
| Page Subtota Grand Total of All Schedules 1A | | |

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

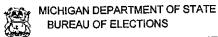


ITEMIZED CONTRIBUTIONS

| SCHEDULE 1A | 1. Committee I.D. Number | 138663 | |
|---|---|------------------|--|
| CANDIDATE COMMITTEE | | TE Anthony Wi | ckersham |
| Enter contributor's name and address. If contribution is from an individual, er middle initial. Check box to indicate if contribution is from a Political Committe Committee (PAC) Report all contributions regardless of amount. | nter last name, first name, ee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: Stacy O' Brien 4298 Billard Dr. | 6/27/12 | | |
| 5. If over \$100.00 cumulative, please provide: | | s 200 | : 200 |
| Occupation Source Employer Macomb (| bunt Sheriff nens MI 48043 Fund Raiser | Click Here f | or Memo Itemization |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address Porald Adell 31810 N. RIVER Rd. | 5/11/12 | つど | מב |
| 5. If over \$100.00 cumulative, please provide: | | S Click Here for | s |
| Occupation Cetifed Employer | | | |
| Business Address | Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: Work Oehmke 17610 21 Mile Rd. Macomb M 48044 5. If over \$100.00 cumulative, please provide: Occupation Presiden Employer Ster In H Business Address 2900 Hall Rd. Survivos Type of Contribution: Direct Loan from a person | Peichts Cham | | \$\$ |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Name & Address Dean Olgiati 19983 Blook Foot Pr. | 5/25/12 | 250 | , 3 <i>5</i> 0 |
| 5. If over \$100.00 cumulative, please provide: Occupation Less Duran Employer Luigis R | Best. | | Memo Itemization |
| Business Address | Tury MI 480 Fund Raiser | 038 | |
| O | Page Subtotal Total of All Schedules 1A | 600 | |
| naste) | TOTAL OF ALL SCHEDULES TO 1 | | 1 |

Page <u>43</u> of **6**

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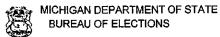


| CANDIDATE COMMITTEE 2. Committee Name | CTE Anthony Wi | ckersham |
|--|--------------------------|--|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an 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 6/21//2 Name & Address: Selena Onesi 400 Woodsido Oaklard, MI 47363 | | 100 |
| Oaklard, MI 43363 | \$_ <i>[00</i> _ | \$ <u>100</u> |
| s. If over \$100.00 cumulative, please provide. | Occapical Click Here for | or Memo Itemization |
| I had a fille Chie I Deal or too II I 1888 | 2.50.7 | |
| Busilless Address | 5 0 / | |
| Type of Contribution: Direct Loan from a person X Fund Raiser B. Contribution #2 PAC Receipt? YES 4. Date of Receipt 612.211 | | |
| | 4 | |
| Departure Engin Pels Local 324 | 01 | <i>a</i> 25 |
| GOD HUKET | s 250 | \$ <u>330</u> |
| Bloom field Tup, MI 48302 | | |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| OccupationEmployer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 5/22/16 | 2 750 | |
| Name & Address: Joseph Oram | (00) | , 000 |
| USS Arline | \$ | \$ 1/2/3 |
| Ormaliah M148323 | Click Hara fo | or Memo Itemization |
| 5. If over \$100.00 cumulative, please provide: | Click Here ic | or Metho Renazadon |
| L/AAA/A Employer L/IV /VVOIO | 1 (10X T) | |
| Business Address 2955 Green field Suite 219 Southfield M | 148016 | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6/27/16 | 2 | |
| Raall Orow | | |
| 42577 Flins Rd. | s 100 | , 100 |
| 42577 Flins Rd. Sterling Heights, MI 48314 | - 10 | - Ψ |
| 5. If over \$100.00 cumulative, please provide | Click Here fo | or Memo Itemization |
| Occupation Employer | <u> </u> | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
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| Creat Total of All Schodules | 14 | |

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

Enter this total on line 3a of Summary Page.

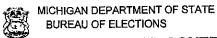
Page 44 of 66



1. Committee I.D. Number 138663

| OOHEDOEL IA | * eren | |
|---|--|--|
| CANDIDATE COMMITTEE 2. Committee Name | CTE Anthony Wi | ckersham |
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC) Report all contributions regardless of amount. | e, 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 6/21//2 Name & Address: Nicholas Poliski 200 N. Ceroco beck | | |
| 200 N. Ceroso beck Marx Clemens, MI 48043 | s 100 | \$ 100 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Employer | _ | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 5/23/13 | 2_ | |
| Name & Address Randal Pasel | | |
| 37420 Caleville | <u> : 250</u> | <u>\$ 250</u> |
| Harnson Tup, MI 48045 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation President Employer First Light Home Can | re | |
| Business Address 39 Crocker Mt. Chener, M. 48043 | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 5/23/ | <u> </u> | |
| 22044 Margaret Cl. | 276 | 275 |
| 32044 Margares C. | \$ <u>575</u> | \$ <u>3/3</u> |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | r Memo Itemization |
| Addin Addin Employer City of Warrer | | |
| Business Address C1+4 Sauce Waven, M1 480 Type of Contribution: Direct Loan from a person Fund Raiser | 33 | |
| B. Contribution #4 PAC Receipt? YES 4. Date of Receipt 2/12/12 | | |
| Name & Address Tom Parker | -3 - | |
| 356 N. Clifford Bloomfield, MI 48301 | s 250 | . 240 |
| 5. If over \$100.00 cumulative, please provide: | Off-la Union for | |
| Occupation Bail Agent Employer Jom Parky General | Ageng Click Here to | r Memo Itemization |
| Business Address 4145 Dublin Bloomfield MI 48302 | \ | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
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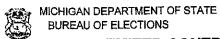
Page 45 of 66



1. Committee I.D. Number 138663

| CANDIDATE COMMITTEE 2. Committee Name | E Anthony wie | Kersnam |
|---|------------------------|--|
| 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 5/23/12 Name & Address: Joann Patamia 18360 Tara Dr. Clinton Tup, MI 48036 5. If over \$100.00 cumulative, please provide: | : 250 | s_250_ |
| Occupation <u>Ketined</u> Employer | Click Here fo | or Memo Itemization |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| A. Contribution #2 Name & Address John Patrico 52715 Antler Macamb, MI 48042 5. If over \$100.00 cumulative, please provide: Occupation Bus. Owner Employer Pilan Prky. Sterling Height Type of Contribution: Type of Contribution: Business Address: PAC Receipt? YES 4. Date of Receipt 54 1 112 43233 Hillcrest Sterling Height, MI 48313 5. If over \$100.00 cumulative, please provide: | ts, M1 48312 s_/00_ | \$ |
| Occupation Employer | | |
| Business Address Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #4 Name & Address 6 Corgl Penna 37630 Fiore Trail Cluton Jup, M. 48036 5. If over \$100.00 cumulative, please provide: Occupation 65. Owner Employer Villa Penna Business Address 43985 Hayes Starling Height, M. 48313 Type of Contribution: Direct Loan from a person X Fund Raiser | \$Click Here fo | \$_ <i>[CL</i>) r Memo Itemization |
| Page Subtotal | 1,450 | |
| Grand Total of All Schedules 1A | | |

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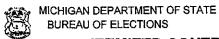


1. Committee I.D. Number ____138663 *

| CANDIDATE COMMITTEE | 2. Committee NameC | re Anthony W1 | ckersnam |
|--|---|--------------------|--|
| Enter contributor's name and address. If contribution is from an individual, er middle initial. Check box to indicate if contribution is from a Political Committee (PAC) Report all contributions regardless of amount. | nter last name, first name, ee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt Name & Address: Chris Peyer K | 6/22/12 | | |
| 340 Mde 1/er Rindly M1 48445 5. If over \$100.00 cumulative, please provide: | | \$ 1,000 | £ 21250_ |
| 5. If over \$100.00 cumulative, please provide: Occupation By Ourle Employer Dans | Excupting | Click Here fo | or Memo Itemization |
| Business Address 12955 23 MILL Pd Shell Type of Contribution: X Direct Loan from a person | 9 M/ 433/ Fund Raiser | 5 | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt | 7/12/12 | | |
| David Piccinini 56037 Ashbroke | • | s_250 | \$ <u>250</u> |
| 5. If over \$100.00 cumulative please provide: | | Click Here fo | or Memo Itemization |
| Occupation Self-employed Employer | | | |
| Business Address Same | | | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: PipeFitters Local 636 30100 Northwestern Hu | - 51231 1 7/10, | 112 250 112 350 | \$ 1,500 |
| Farming fun Hills, MI 483 5. If over \$100.00 cumulative, please provide: | <i>3</i> 7 | Click Here to | r Memo Itemization |
| Occupation Employer | | | |
| Business Address Loan from a person | Fund Raiser | | |
| 3. Contribution #4 PAC Receipt? YES, 4. Date of Receipt? YES, 4. Date o | 5/23/ 6/21/ | 112 250 112 135 | <u>, 510</u> |
| 5. If over \$100.00 cumulative, please provide: | industrial Dol | Click Here fo | r Memo Itemization |
| | , | i | |
| Business Address 40800 Enterprise Sterling UE Type of Contribution: Direct Loan from a person | Fund Raiser | • | |
| | Page Subtota | 1 2,235 | |
| 0 | and Taket at All Cabadulas 4A | | |

Page 47 of 60

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



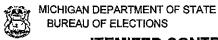
1. Committee I.D. Number 138663

| SCHEDULE 1A | 1. Committee i.D. Home | 1 220.2 | |
|--|--|--------------------------------------|--|
| CANDIDATE COMMITTEE | 2. Committee Name _ | CTE Anthony Wi | ckersham |
| Enter contributor's name and address. If contribution is from an individual, er middle initial. Check box to indicate if contribution is from a Political Committee (PAC) Report all contributions regardless of amount. | nter last name, first name ee or an Independent | , 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt Name & Address: Pumbers Local 98 P.O. BOX 159 | -71-110 | 100 | (~(T)) |
| 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address | | Ψ | or Memo Itemization |
| Type of Contribution: Direct Loan from a person Direct Loan from a person Direct Done from a person Don | Fund Raiser 4/10/12 6/22/12 4/17/12 Fund Raiser | - 50 25 \$_50 Click Here fo | \$ 195 or Memo Itemization |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Parame & Address: Rabaut - Miller P.O. Bax / 82344 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person | 4/21/13 | \$ 135 Click Here fo | s <u>160</u> or Memo Itemization |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipts And Receipts | - J/ - J/ ' | \$ <u>256</u> Click Here fo | s 450 or Memo Itemization |
| | Page Subt | total 9/00 | |

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

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| 1. Committee I.D. Number | 138663 |
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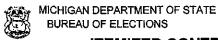
CANDIDATE COMMITTEE

2 Committee Name

CTE Anthony Wickersham

| CANDIDATE COMMINITIES 2. Committee Name | 111111111111111111111111111111111111111 | |
|---|---|--|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC) Report <u>all</u> contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt (2) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 100 \$Click Here fo | \$ |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? TYES 4. Date of Receipt 5/23/12 Name & Address PAC Local 58 1 BEW 1358 Abbott Petort, MI 48226 5. If over \$100.00 cumulative, please provide: | \$ <u>250</u> | \$ 1,080 |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| PAC Receipt? YES 4. Date of Receipt 5/23/12 Name & Address: An Hony RizZO 174 Led Millar Clinton Two MI 48036 5. If over \$100.00 cumulative, please provide: Macomb Trenchine Business Address 14/20/23 Mulla. Shelly MI 48315 Type of Contribution: Direct Loan from a person X Fund Raiser | | \$_3/0 Memo Itemization |
| S. Contribution #4 PAC Receipt? YES 4. Date of Receipt 5/23/12 Name & Address ROY ROSL 55620 Wood ridgl Shelly Tup. MI 48316 5. If over \$100.00 cumulative, please provide: Occupation Engineering Employer Anderson Eckstein. Uks | | \$ 525 Memo Itemization |
| | 315 | |
| Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) | 725 Enter this total on | |

Page 49 of 60



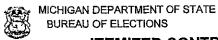
. Committee I.D. Number 138663

| SCHEDULE 1A | 1. Committee I.D. Num | ber | |
|---|------------------------------------|--------------------------|--|
| CANDIDATE COMMITTEE | 2. Committee Name | CTE Anthony Wi | ckersham |
| Enter contributor's name and address. If contribution is from an individual, e middle initial. Check box to indicate if contribution is from a Political Committe Committee (PAC) Report <u>all</u> contributions regardless of amount. | | e, 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt Name & Address: Barbara Rossman 54311 Queuno Borough Pri | -7/03/10 | 300 | a m |
| Shelly Jups M1 48315 5. If over \$100.00 cumulative, prease provide: Occupation | ord etnot, M1 42 Fund Raiser | S Click Here fo | s 700 |
| B. Contribution #2 PAC Receipt? TYES 4. Date of Receipt Namie & Address Annie Rubino 37511 Casa Bella Court | —H & VEJ 16 | s 75 | \$ 150 |
| Clipton Two, MI 48036 5. If over \$100.00 cumulative, please provide: Occupation Real Estate Employer Pilot Proper Business Address 8344 Hall Rd. Ste. 209 Type of Contribution: Direct Loan from a person | | Click Here fo 48317 | or Memo Itemization |
| Business Address PAC Receipt? YES 4. Date of Receipt And How Rubino 38880 Sour. Ct. Clinton Tup, MI 48038 Employer \$100.00 cumulative, please provide: Occupation Bus. Owner Employer Michiga Business Address 43600 Elizabeth MI Type of Contribution: Direct Loan from a person | 4121/10 | | \$ <u>890</u> r Memo Itemization |
| S. Contribution # 4 PAC Receipt? YES 4. Date of Receipts Andrews Andrews Andrews Andrews Andrews Andrews Andrews Andrews Canten, My 48187 5. If over \$100.00 cumulative, please provide: Occupation Employer | ot 6/21/12 | \$(O7) Click Here for | \$ (OO) Memo Itemization |
| Business Address | Fund Raiser | | |
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Page 50 of 60

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

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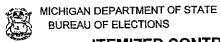
1. Committee I.D. Number 138663

| SCHEDULE IA | 1.094.5 | |
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| CANDIDATE COMMITTEE 2. Committee Name | CTE Anthony Wi | ckersham |
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 5/23/12 Name & Address: Kenneth Sanborn | | |
| 1697/ Crystal H. Macomb, MI 48042 5. If over \$100.00 cumulative, please provide: | : 125 | : 320 |
| Occupation Petros Employer | Click Here f | or Memo Itemization |
| Business Address Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Name & Address PAC Receipt? YES 4. Date of Receipt 15/11 Mark Sanborn 5/23/12 16872 Renew Dr. | 750 125 | s 1175 |
| Maconb M1 48042 5. If over \$100.00 cumulative, please provide: Sanborn Jail bords | | or Memo Itemization |
| Business Address 43550 Elizabeth Mt. Clemens, MI Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Accontribution #3 PAC Receipt? YES 4. Date of Receipt 5/23/16 Name & Address: James Santilli 45668 Lakeview Pr. Apt. 10305 | \$ 250 | : 250 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation <u>EVEC. Pirector Employer</u> <u>Traffic Imp. Assortions and Property Polyment Inp. Assortion Squired Pd. Auburn Hills</u> Type of Contribution: Direct Loan from a person X Fund Raiser | x. ;,M1 48324 | |
| Address Appronse Santino 4. Date of Receipt 5/23/15 | 2 | |
| 725 Lakeshore | s /OD | <u> 140</u> |
| 5. If over \$100.00 cumulative, please provide: | | r Memo Itemization |
| 00000 10 1 04 | 95 | |
| Business Address 12 M & Kd. SCS M 1 48081 Type of Contribution: Direct Loan from a person V Fund Raiser | | |
| Type of Contribution: Direct Loan from a person V Fund Raiser Page Subto | tal 1260 | |

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

Enter this total on line 3a of Summary Page.

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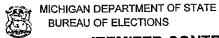


1. Committee I.D. Number 138663

| CANDIDATE COMMITTEE 2. Committee Name | CTE Anthony Wie | ckersham |
|--|--|--|
| 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. | ne, 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 5/23/2 |) | |
| 68 Clinton St. Mt. Clemens M1 48043 5. If over \$100.00 cumulative, please provide: | <u> 125</u> | : 325 |
| 5. If over \$100.00 cumulative, please provide: Occupation Drsvance Sales Employer Wickle - Saph. | Click Here fo | or Memo Itemization |
| Business Address P.O. Box 16907 M.3. Clemens, MI Type of Contribution: Direct Loan from a person X Fund Raiser | 48046 | |
| Contribution #2 PAC Receipt? YES 4. Date of Receipt 6/21/12 Name & Address Nick Saroki | | |
| 30707 Turtle Creek | <u>\$ 135</u> | \$ <u>335</u> |
| Farming ten Hills, MI 48331 5. If over \$100.00 cumulative, please provide: Occupation Communication Employer Momentum Intergra | Click Here fo | or Memo Itemization |
| Business Address 26186 La Muera Farmington, M1 48: | 334 | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt <u>S/23/12</u> Name & Address: Dan Scalici 43977 Catawaa Dr. | \$ | s 410 |
| Clinton Dup, MI 48038 | Click Here for | r Memo Itemization |
| 5. If over \$100.00 cumulative, please provide: Occupation Engineer Employer Ashby Automotive Business Address 2100 Contenuond Warren MI 4800 Type of Contribution: Direct Loan from a person X Fund Raiser | Testing 21 | |
| 8. Contribution #4 PAC Receipt? YES 4. Date of Receipt 5/11/1 Name & Address William Schaefer. | 2 | |
| 762 S. RenaudRd. 6pw, M1 48236 | <u> 500</u> | <u>\$ 700</u> |
| 5. If over \$100.00 cumulative, please provide: Occupation Attorns Employer Drigsers Schul | Herbst Herbst | r Memo Itemization |
| Business Address 2600 W. Big Beaver Troy, M. 48084 Time of Contribution: Reliant Places from a person Fund Raiser | - | |
| Type of Contribution: Loan from a person Fund Raiser Page St | ubtotal / O/O | |
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Grand Total of All Schedules 1A (Complete on last page of Schedule)



CANDIDATE COMMITTEE

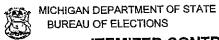
1. Committee I.D. Number 138663

CTE Anthony Wickersham 2. Committee Name

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
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| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 5/23/12 Vame & Address: Lawrence Scott | | |
| 38447 Huron Pointe Pr. | 125 | £ 425 |
| 5. If over \$100.00 cumulative, please provide: Decupation Attorney Employer O'Roilly Rangillio | • | r Memo Itemization |
| Type of Contribution: Direct Loan from a person Fund Raiser | 48313 | |
| Contribution #2 PAC Receipt? YES 4. Date of Receipt 5/23/12 Namie & Address Sea-Faceus Political Activit Direction (INCA) | | |
| Saol Arth Way Camp Spring, MD 20746 | \$_250_ | \$350 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | r Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| S. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6/27/12 Name & Address: Nor is Shaka. 3 136 Hedge wood Carl Cocupation Employer Self Employed | \$ | \$(OO Memo Itemization |
| Business Address | w | |
| S. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6/21/12 Name & Address Karen Shaw 37866 Mallast Harrison July, M/ 48045 5. If over \$100.00 cumulative, please provide: | \$ / O D Click Here for | \$/ÔO Memo Itemization |
| Occupation Employer | | |
| Business Address Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page Subtotal | 575 | - |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | | _ |

Enter this total on line 3a of Summary Page.

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CANDIDATE COMMITTEE

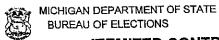
1. Committee I.D. Number 138663

CTE Anthony Wickersham 2. Committee Name

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
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| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 6/27/2 Name & Address: Todd Shaya 6815 Waxd Lank 5. If over \$100.00 culmulative, please provide: Occupation Employer Business Address | \$ <u>[DO</u> Click Here fo | € LOO or Memo Itemization |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #2 Name & Address Christopher Stea 2778 / Marina Pointe Or. 5. If over \$100.00 cumulative, please provides Occupation Business Address PAC Receipt? YES 4. Date of Receipt (122/12 A 778 / Marina Pointe Or. 3 413 / A 78 / | 1,000 \$Click Here fo | s <u>//00</u> or |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 5/23//2 Name & Address: Toy CL Shell hy 25430 Ashrand Harrison Tury M 48045 5. If over \$100.00 cumulative, please provide: Occupation Retired Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser | \$ <u>250</u> Click Here fo | s <u> 250</u> r Memo Itemization |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 6/27/12 Name & Address Dhnny Shouneylo. 783 Half Moon Bloom field, MI 48301 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser | \$ 100 Click Here fo | s <u>loo</u> r Memo Itemization |
| Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) | 1/430- | |

Enter this total on line 3a of Summary Page.

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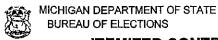
1. Committee I.D. Number 138663

| CANDIDATE COMMITTEE | 2. Committee Name | CTE Anthony Wic | kersham |
|---|---|----------------------------------|--|
| Enter contributor's name and address. If contribution is from an Individual, en middle initial. Check box to indicate if contribution is from a Political Committ Committee (PAC) Report all contributions regardless of amount. | nter last name, first name, ee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt lame & Address: Alex Shouneyia 4/1 Old Woodward By ming ham M 48009 5. If over \$100.00 cumulative, please provide: | 6127/12 | s_200_ | <u> 200</u> |
| 5. If over \$100.00 cumulative, please provide: Description OWN Employer The Difference of Contribution: Type of Contribution: Direct Loan from a person | Ayard Mar 49 48317 Fund Raiser | Click Here fo | r Memo Itemization |
| S. Contribution #2 PAC Receipt? YES 4. Date of Receipt Address And Sibears 47689 Stephane Pr. Maconb MI 48047 5. If over \$100.00 cumulative, please provide: Employer. | 4/22/12 | \$ <u>25</u> Click Here fo | \$(\frac{5}{\text{s}}\) r Memo Itemization |
| Business Address Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| S. Contribution #3 PAC Receipt? YES 4. Date of Receipts Andrews: Chris Sieradzki 4 1 2 2 1 Windmill Harrison Juf, M1 43045 5. If over \$100.00 cumulative, please provide: Occupation Machining Employer B Business Address 41455 Paduction Pr. | - Production | | \$ 400 Memo Itemization |
| Type of Contribution: Direct Loan from a person 3. Contribution # 4 PAC Receipt? YES 4. Date of Receive Silamianos | Fund Raiser | 2 | |
| 49573 Regattar Chester Field, MI 43047 5. If over \$100.00 cumulative, please provide: Occupation Presiden Employer Omega Business Address 48621 Hayes Stelly | a Solution Tap M148 | \$_125_ Click Here for 3/5 | \$ 125 r Memo Itemization |
| Type of Contribution: Direct Loan from a person | Fund Raiser Page Subt | otal 556 | |

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

Enter this total on line 3a of Summary Page.

Page <u>55</u> of <u>66</u>

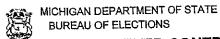


1. Committee I.D. Number 138663

| CANDIDATE COMMITTEE | 2. Committee NameC | TE Anthony Wi | ckersham |
|--|--|-----------------|--|
| Enter contributor's name and address. If contribution is from an individual, middle initial. Check box to indicate if contribution is from a Political Committee (PAC) Report <u>all</u> contributions regardless of amount. | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receivance & Address: Anthony Silvestro a 4500 Sherbeck | ^{pt} <u>5/23/12</u> | 0.45 | |
| 5. If over \$100,00 cumulative, please provide: | | s 250 | £ 5/5 |
| Occupation BUS, OWNER Employer WRITS | 5. Inc. | Click Here fo | r Memo Itemization |
| Business Address // W. Man M+ Cleme Type of Contribution: Direct Loan from a person | Pund Raiser | | |
| B. Contribution #2 PAC Receipt? YES 4. Date of Receipt Address O | 5/23/12 | | |
| Pat Simasko 14989 25 MileRd. | | s 250 | \$ 880 |
| 5. If over \$100.00 cumulative, organs provide: | | Click Here fo | r Memo Itemization |
| Occupation Attorney Employer Imasko | | | |
| Business Address 31970. Gratiot Mt. Ch | emens, M14804 | 5 | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | = | |
| Sharm Smith | pt 5/23/12 | \$ 250 | , 250 |
| 57649 Cide Dr. Washington, MI 48094 | | Click Here for | Memo Itemization |
| Susiness Address 12060 Green way Sterling Type of Contribution: Direct Loan from a person | Schools leight MI 4831 Bund Raiser | 3 | |
| . Contribution #4 PAC Receipt? YES 4. Date of Receipte & Address | ipt 5/23/12 | | |
| Sherry Sorrentino 35500 Forton Ct. | | : 250 | 525 |
| i. If over \$100.00 cumulative, please provide: | | Click Here for | Memo Itemization |
| Occupation <u>Refined</u> Employer | | Ollow Liele IOI | Monio Renization |
| Business Address | <u> </u> | | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| | Page Subtotal | 1,000 | |
| - | THE CARD A L. L. A. | | 1 |

Page <u>56</u> of **66**

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

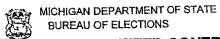


1. Committee I.D. Number 138663

| SCHEDULE 1A | 1899 | : -1 |
|--|--|--|
| CANDIDATE COMMITTEE 2. Comm | nittee Name CTE Anthony W | ıckersdam |
| Enter contributor's name and address. If contribution is from an individual, enter last n middle initial. Check box to indicate if contribution is from a Political Committee or an I Committee (PAC) Report all contributions regardless of amount. | ame, first name, 6. Amount independent | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 5/ Name & Address: Sterling Heights Fire Fights Union La | 123/12 ocal 1557 | |
| 389 H. Van Dyke Sterling Heights, MI 48312 5. If over \$100.00 cumulative, please provide: | \$ 50D | \$ 500 |
| Occupation Employer | Click Here | for Memo Itemization |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Re | aiser | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt | | |
| Name & Address Vito Strolis | 5123112 250 6121/12 ₈ 540 | |
| 19874 Westhester | 6/21/12, 540 | s 2,490 |
| Chat. T a. M. 48038 | · · · · · · · · · · · · · · · · · · · | |
| 5. If over \$100.00 cumulative, please provide: | . | for Memo Itemization |
| Occupation Owner Employer Ruelles | lowing 100112 | |
| Business Address 205 N. Bound Oratot Mt. Clemer | 15, MD 48043 | |
| Type of Contribution: Direct Loan from a person X Fund I | Raiser | |
| Contribution # 3 PAC Receipt? YES 4. Date of Receipt | 5123112 | |
| Name & Address: Ronald Szolack. | 10- | . |
| 20271 Hiran Pointe | s 125 | <u>\$ 750</u> |
| 5. If over \$100.00 climilative, please provide: Manacea Finance Flight Club | Click Here | for Memo Itemization |
| 5. If over \$100.00 cumulative, please provide: | C,,ott 10.5 | ••• |
| | To 11 (1814) | |
| | Raiser 48141 | |
| Type of contraction | 121//2 | |
| Name & Address | 121/12 | |
| James Javano | ^ ~ ~ | 220 |
| 67819 Lake Angela Dichmond, MY 48062 | <u> 500</u> | \$300 |
| 5. If over \$100.00 cumulative, please provide: | Cliate Hara | for Memo Itemization |
| Oat N aures - Wamles Pub | Click Here | IOI METHO RETHIZATION |
| Occupation | 48315 | |
| Business Address Ovo / VVII O / Sund E | | |
| Type of Contribution: Direct Loan from a persen C Fund R | Page Subtotal 17/5 | |

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

Enter this total on line 3a of Summary Page.



CANDIDATE COMMITTEE

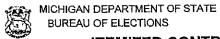
1. Committee I.D. Number 138663

| ,, | | | | |
|-------------------|-------|--------|------------|--|
| 2. Committee Name | CTE A | nthony | Wickersham | |

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| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|--------------------------------|--|
| 3. Contribution # 1 PAC Receipt? WYES 4. Date of Receipt | \$ <u>250</u> Click Here fo | s 250 or Memo Itemization |
| Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 5/23//2 | | |
| Same & Address Anthony Tersigni 58750 Co Co Ray, M 48096 5. If over \$100.00 cumulative, please provide: Occupation Inten Aide Employer Macomb County Business Address 117 Groenbeck Mt Clemens, M14804 | | \$ 200 or Memo Itemization |
| Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 Name & Address: David Deske 50525 North Ave, Macomb, M1 48042 5. If over \$100.00 cumulative, please provide: Occupation Police Chief Employer Richmond M1 48066 Type of Contribution: Direct Loan from a person Fund Raiser | | \$ <u>425</u> r Memo Itemization |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 5/23//2 Name & Address Chery Transelli 11801 Pranceca 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address | \$ <u>250</u> Click Here fo | \$ 250 or Memo Itemization |
| Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) | 0//- | · · · |

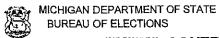
Page 58 of 66



1. Committee I.D. Number 138663

| CANDIDATE COMMITTEE 2 | . Committee NameC | TE Anthony Wi | ckersham |
|--|---|--------------------|--|
| Enter contributor's name and address. If contribution is from an individual, ente middle initial. Check box to indicate if contribution is from a Political Committee Committee (PAC) Report all contributions regardless of amount. | r last name, first name, or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt Name & Address: Amar Tomal 45185 Market Shelby Tuf, M148315 | 4/27/12 | s_100_ | <u> 100</u> |
| 5. If over \$100.00 cumulative, please provide: | | Click Here fo | or Memo Itemization |
| Occupation Employer | | | |
| Business Address Type of Contribution: Direct Loan from a person F | und Raiser | | |
| B. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address Brian 132 43 Sayle MS+ Pr. Shelly Tup, M1 48315 5. If over \$100.00 cumulative, please provide | 6/27/12 | \$ | \$ |
| Occupation Employer | · | | |
| Business Address | | | |
| The state of the s | Fund Raiser | | |
| S. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: Donald Torline 5129 S. Genesle 5. If over \$100.00 cumulative, please provide: My 4343 Occupation Periode Security Employer Baker Consumers Address 34950 Cttle Mack Cluster | 5/25/12 9 5/1egl Tap,M/48 | | \$275 Memo Itemization |
| | Fund Raiser | | |
| On tribution #4 PAC Receipt? YES 4. Date of Receipt Name & Address Charles Turn bull 53957 Suther land | 5/1/12 | 100 | <i>975</i> |
| 5. If over \$100.00 cumulative, physics provide: | 0 11 | | V |
| Occupation Lawter Employer O'Raily | Panallo | Click Here for | · Memo Itemization |
| Business Address 12900 Hall Rd. Ste. 35 | O Steding He und Raiser | ights, M/ 48316 | |
| | Page Subtotal | 375 | |
| | Total of All Schedules 1A | | |

Page <u>59</u> of <u>6</u>6

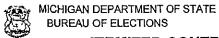


1. Committee I.D. Number 138663 *

| | CANDIDATE COMMITTEE | 2. Committee Name | CTE Anthony Wie | ckersham |
|---|--|----------------------------------|-------------------------|--|
| middle initial. Che | name and address. If contribution is from an Individual, e ck box to indicate if contribution is from a Political Commit Report <u>all</u> contributions regardless of amount. | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution # Name & Address: | aclo Ugal | - 3/13/12 | _ | |
| | 1412 Shore Club. SCS, MI 42080 | | s 2,400 | · 2,400 |
| 5. If over \$100.00 Occupation | cumulative, please provide: 20 : Employer HOUSE | Arnest | Click Here fo | r Memo Itemization |
| Business Address Type of Contributio | | Fund Raiser | | |
| 3. Contribution #2 Name & Address | PAC Receipt? YES 4. Date of Receipt Sul Van Steelandt 22321 Reverl SCS, MI 48080 | ± 5/23/12 | \$ <u>[00</u> | \$ (00 r Memo Itemization |
| Occupation | cumulative, please provide: Employer | <u> </u> | Click Here to | Memo itemization |
| Business Address _ | | | | |
| Type of Contribution | n: Direct Loan from a person | Fund Raiser | | |
| 3. Contribution # 3 Name & Address: 5. If over \$100.00 or Occupation | PAC Receipt? YES 4. Date of Receipt Branda Ventimilgio 54639 Joseph Ronald Macomb, MI 48042 cumulative, please provide: Otar Financl Employer LMS 1 5755 New King Dr. Ste. 100 I | | • | \$ 550 Memo Itemization |
| 5. If over \$100.00 c | 7096 8. 14 Mile Warren | liamo M1 48092 Fund Raiser | \$/OO Click Here for | \$Memo Itemization |
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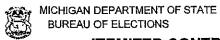
1. Committee I.D. Number 138663

| CANDIDATE COMMITTEE | 2. Committee Name | CTE Anthony Wi | .ckersham |
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| Enter contributor's name and address. If contribution is from an individual middle initial. Check box to indicate if contribution is from a Political Contribution (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 Re Name & Address: Athhony Viviano 4757 Lockwood | • | 112 250 112 100 | s 1,200 |
| 5. If over \$100.00 cumulative, please provide: 1 / 5 | Heightz Poc Height, M.) 40 X Fund Raiser | Golick Here fo 3313 | or Memo Itemization |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Re Name & Address There VIVIANO 34019 Pointeur Macomb, MI 48042 5. If over \$100.00 cumulative, please provide: | ceipt 7/12/12 | - 400 \$Click Here fo | \$or Memo Itemization |
| Occupation Employer Employer Business Address Loan from a person | Fund Raiser | | 181 |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt | eceipt 7/10/12 ern Concret M1 48706 Fund Raiser | s 1,000 Click Here for | s 1,000 r Memo Itemization |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of R Name & Address Alice Watson 59539 Romeo Plank Ray, MJ 48096 5. If over \$100.00 cumulative, please provide: Occupation Owner Employer Big Business Address S9539 Romeo Plank Type of Contribution: Direct Loan from a person | R Farms M 48091 Fund Raiser | \$ 250 Click Here for | \$ <u>490</u> Memo Itemization |
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Page O of O

Schedule) Enter this total on line 3a of Summary

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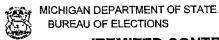


1. Committee I.D. Number 138663

| CANDIDATE COMMITTEE | 2. Committee Name | CTE Anthony Wi | ckersham |
|---|---|------------------------------------|--|
| Enter contributor's name and address. If contribution is from an individual, a middle initial. Check box to indicate if contribution is from a Political Commit Committee (PAC) Report all contributions regardless of amount. | | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt Name & Address: Way Ne Webber 49536 Gov lette | _2102110 | - \$ 250_ | s_1,800 |
| 5. If over \$100.00 cumulative, please provide: Occupation Owel Employer De We Business Address 44710 Marks Or. Clinton Ty Type of Contribution: Direct Loan from a person | bber Corolf f, M. 4803k Fund Raiser | Click Here fo | or Memo Itemization |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address David Weber 7177 Frampten Washington MI 48095 5. If over \$100.00 cumulative, please provide: Occupation Bulden Employer Harvest | | | \$ <u>LOOO</u> r Memo Itemization |
| S. Contribution #3 PAC Receipt? YES 4. Date of Received Name & Address: Gary Wilcand 1929 S. Peland Sant Clar, MI 48079 5. If over \$100.00 cumulative, please provide: Occupation Sergeat Employer Macond Business Address 43565 E12abeth Mt. Clens Type of Contribution: Direct Loan from a person | o Sheriff | \$ <u>[DO</u> \$ Click Here for | \$ <u>300</u> Memo Itemization |
| Donald Will 1905 4. Date of Receipt? YES 4. Date of Receipt 48467 American Elap Procession Macomb M. 48049 5. If over \$100.00 cumulative, please provide: Occupation Per Tarvis Business Address 41800 Executive Harnison Type of Contribution: Direct Loan from a person | | \$ 270 Click Here for | \$ 270 Memo Itemization |
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Page 62 of 60

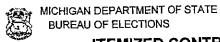
Grand Total of Ali Schedules 1A (Complete on last page of Schedule)



1. Committee I.D. Number 138663

| CANDIDATE COMMITTEE 2. Committee Name | CTE Anthony Wickersham |
|--|---|
| 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 5/23/12 Name & Address: Rosann Wilkinson | |
| 50042 Josephine Macomb, M. 48044 5. If over \$100.00 cumulative, please provide: | <u> 250</u> <u>258</u> |
| Occupation Phy. Asst. Employer St. Dohn | Click Here for Memo Itemization |
| Type of Contribution: Direct Loan from a person V Fund Raiser | |
| Aarne & Address Bob Wyek Name & Address Bob Wyek | |
| 765 Perrien Place | s 100 s 100 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for Memo Itemization |
| Occupation Employer | |
| Business Address | |
| Type of Contribution: Direct Loan from a person X Fund Raiser | |
| b. Contribution #3 PAC Receipt? YES 4. Date of Receipt 5/23/13 | <u></u> |
| Spencer Yaklın | \$ 125 \$ 125 |
| 51154 MariaSt. New Battimore, MI 48047 5. If over \$100.00 cumulative, please provide. | Click Here for Memo Itemization |
| Occupation Employer Self-employed | |
| Business Address Type of Contribution: Direct Loan from a person X Fund Raiser | |
| 6. Contribution #4 PAC Receipt? YES 4. Date of Receipt 5/23/16 |) |
| Jerry Vono | - |
| 4120 Portiac Trial Orchard Trail, MI 48323 5. If over \$100.00 cumulative, please provide: | <u>\$ 250</u> <u>\$ 250</u> |
| 5. If over \$100.00 cumulative, please provide: | Click Here for Memo Itemization |
| | O Hone |
| Business Address 18338 W. Q MILE Southfield, MI 4807. Type of Contribution: Direct Loan from a person X Fund Raiser | |
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Page <u>63</u> of <u>66</u>



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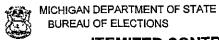
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 138663

line 3a of Summary

Page.

| CANDIDATE COMMITTEE | 2. Committee Name | CTE Anthony Wie | ckersham |
|--|--|------------------------------|--|
| Enter contributor's name and address, If contribution is from an individu middle initial. Check box to indicate if contribution is from a Political Cor Committee (PAC) Report all contributions regardless of amount. | ual, enter last name, first name, mmittee or an Independent | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution #1 PAC Receipt? YES 4. Date of ReName & Address: | eceipt <u>(6/27/12</u> | | 1.5 |
| 14650 W. Warren Day by Heights, M/ 5. If over \$100.00 cumulative, please provide: 9 hts, M/ | 4812b | \$ 100 | \$ <u>(00</u> |
| Occupation Employer | , | Click Here to | or Memo Itemization |
| Business Address | | | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Re | eceipt 6/27/12 | + | |
| Soley. Maceri Circle | 7 | <u> </u> | \$ 200 |
| 5. If over \$100.00-cumulative, please provide: | 1: C 11 + 1. | Click Here fo | r Memo Itemization |
| Occupation Operational Mar. Employer Trings | M san Janun | . 7 | |
| Business Address 33373 Degundle Ja | sy, M14808 | う | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of F Name & Address: 70ny 20 tos | Receipt | 5/23/12 125 1/21/12 135 | 282 |
| 52730 Sawmill Creek Macomb, MI 48042 5. If over \$100.00 cumulative, please provide: | , , | Click Here fo | r Memo Itemization |
| Occupation Construction Employer Fran Business Address 333 East 2nd Roche Type of Contribution: Direct Loan from a person | Kevalt Stern MI 4803 X Fund Raiser | on 57 | |
| Contribution # 4 PAC Receipt? YES 4. Date of Name & Address | Receipt | | |
| | | \$ | \$ |
| 5. If over \$100.00 cumulative, please provide: | | Click Here fo | r Memo Itemization |
| OccupationEmployer | | - | |
| Business Address | | | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | | |
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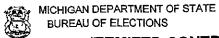
1. Committee I.D. Number 138663 *

| CANDIDATE COMMITTEE 2. Committee Name | E Anthony Wic | ckersham |
|--|--------------------------|--|
| 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 6/21/12 Name & Address: HI96 Summer Pl. Shelby Tup, MI 48316-5904 5. If over \$100.00 cumulative, please provide: | \$ | \$or Memo Itemization |
| Occupation Employer | Ollott Flore to | Thomas is a second |
| Business Address Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt [A] A Date | \$ / OO Click Here fo | \$ <u>200</u> r Memo Itemization |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/18/12 Name & Address: Rajan Patel 18198 Shelley Food G. Northville M 48168 5. If over \$100.00 cumulative, please provide: Occupation BUS Owner Employer Switheld, M 48075 Type of Contribution: Direct Loan from a person Fund Raiser | \$ 150 Click Here for | \$ 150 Memo Itemization |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/8/2 Name & Address Tamey Thompson 5(e194) Ken Charles Pr. 5. If over \$100.00 cumulative, please provide. Occupation Sales May Employer Petit Pren Business Address YYSOD N. Corochack Clasta Typ. M1480. Type of Contribution: Direct Loan from a person Fund Raiser | • | \$ 150 Memo Itemization |
| Type of Contribution: Direct Loan from a person Page Subtotal | 612 | |

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

Enter this total on line 3a of Summary Page.

Page 65 of 60



1. Committee I.D. Number 138663

Page.

CANDIDATE COMMITTEE

2. Committee Name _

CTE Anthony Wickersham

| 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 7/9/2 Name & Address: Daniel Stand. 15687 Northulle Forest Dr. 15687 Northulle Forest Dr. Plymouth, MI 48170 5. If over \$100.00 cumulative, please provide: Occupation Attorner Employer Orouge Stand Business Address 20/600 Stephens Scs (8080 Type of Contribution: Direct Loan from a person Fund Raiser | s_300 Click Here fo | \$ <u>300</u> or Memo Itemization |
| 3. Contribution #2 Name & Address Jenni fer Franklin 38350 (akeshare production) Harrison Two, M4804) 5. If over \$100.00 cumulative, please provide: Occupation Doctor Employer Henry Ford Business Address 6777 W. Maple West Bloomfield M14 Type of Contribution: Direct Loan from a person Fund Raiser | | \$ 300 or Memo Itemization |
| 3. Contribution #3 Name & Address: PAC Receipt? YES 4. Date of Receipt 7/19/12 Rame & Address: PAC Receipt? YES 4. Date of Receipt 7/19/12 PAC Receipt? YES 4. Date of Receipt 7/19/12 Clark Stun balan Clark Stun MI 48348 5. If over \$100.00 cumulative, please provide: PAC Receipt? YES 4. Date of Receipt 7/19/12 PAC Receipt 7 | \$ <u>3,400</u> Click Here fo | \$ 3,650 or Memo Itemization |
| Name & Address | \$ | . \$ |
| If over \$100.00 cumulative, please provide: Occupation Employer | Click Here fo | or Memo Itemization |
| Business Address | | |
| Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) | 85,180 Enter this total on line 3a of Summan | |

Page (00 of 60



ITE

| ITEMIZED IN-KIND CONTR | | | | | | |
|---|------------------------|---|--------------|--------------|--------------------------------------|--|
| SCHEDULE 1-II | (| 1. Committee I. D. Numbe | | | | |
| CANDIDATE COMM | IITTEE | 2. Committee Name | CTE | Anthony | Wickersham | |
| 3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions. | 5. Date of Receip | d Contribution (Check appli t ss of Vendor from whom g | | vices were | 7. Amount or Fair Market Value | 8. Cumulative for Election Cycle (Through date in Item 5) |
| Contribution # 1 PAC Receipt? Yes | | nent or Guarantee of Bank | Loan | | | |
| Name & Address: Carl Dallo | KX Goods Donate | ed or Loaned Serv | ices Donate | ed \$ | 500.00 | 500.00 |
| 12790 Blue Lakes Circle | = | vices Purchased by Candid | | | | , |
| Shelby Twp., MI 48318 | Goods or Ser | vices Purchased by Candid | date or Othe | ers- LOAN | | |
| If over \$100.00 cumulative, please provide: Occupation: | Description | Beverages & Food | i Provi | ded | | |
| Owner Employer Name & Business Address: | 5. Date Of Recei | , , | | <u>.</u> | | |
| 17th Street Grill 3905 17 Mile Road Sterling Hgts., MI 48310 X Fund Raiser Contribution | 3905 17 | & Address: eet Grill Mile Road Hgts., MI 4831 | o | Clic | k Here for Memo It | emization |
| Contribution # 2 PAC Receipt? Yes | | ent or Guarantee of Bank | | | | |
| Mario Yono 51715 Baker Road Chesterfield, MI 48051 | Goods Dona Goods or Se | ted or Loaned Services Purchased by Candirvices Purchased by Candirvices Purchased by Candir | ces Donated | ers | 210.44 | 210.44 |
| If over \$100.00 cumulative, please provide: Occupation: Owner Employer Name & Address: | | everages for Full ipt: 7/18/12 | ndraise | <u> </u> | | |
| Re DO IT Remodeling & Captial 51715 Baker Road Chesterfield, MI 48051 | Costco 45460 Ma | rket Street wp., MI 48315 | | Clic | k Here for Memo It | emization |
| Contribution #3 PAC Receipt? Yes Name & Address: | Goods Donat | ement or Guarantee of Bated or Loaned Service vices Purchased by Candid vices Purchased by Candid | es Donated | | \$ | |
| If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: | | pt: & Address: | | | ck Here for Memo II | temization |
| Fund Raiser Contribution | | 1 | | age Subtotal | 710.44 | |

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

710.44



ITEMIZED EXPENDITURES **SCHEDULE 1B**

CANDIDATE COMMITTEE

| 1. Committee I. D. Number | 138663 | |
|---------------------------|--------|---|
| | | _ |

| CANDIDATE COMMITTEE 2. Committee Name CTE Anthony Wickersham | | | | |
|--|---|--|--|--|
| Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date 6. Amount | | |
| Name Postmaster Address Mt. Clemens, MI 48043 | Purpose: Post Box Fee | 1/3/12 \$ 56.00 | | |
| Fund Raiser | Click Check box if this expenditure is payment of debt or obligation reported on previous statement | Here for Memo Itemization Type | | |
| Name Macomb Cty. Democratic Committee 136 S. Main, #B Address Mt. Clemens, MI 48043 | Purpose: Dues for 2012 | 1/3/12 \$ 100.00 Here for Memo Itemization Type | | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | | |
| Expenditure #3 Name American Graphics 34895 Groesbeck Hwy. Address Clinton Twp., MI 48035 | Purpose: Support Letters | 1 <u>/3/12</u> \$ 63.60 Date | | |
| Fund Raiser | Click For Check box if this expenditure is payment of debt or obligation reported on previous statement | Here for Memo Itemization Type | | |
| Expenditure #4 Name William Hart III 49926 Willowood Address Macomb Twp., MI 48044 | Purpose: Services Consulting | 1/10/12 \$ 237.50 Date \$ | | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | | |
| Expenditure #5 Name Dana Camphous-Peterson PO Box 46057 Address Mt. Clemens, MI 48046 | l —— | 1/10/12 \$500.00 Date \$500.00 | | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement Subto | otal this page 957.10 | | |
| | (Complete on last page | l l | | |

Enter this total on line 8a of Summary Page

Page 1 of 20



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number ______ 138663

| | CANDIDATE COMMITTEE | 2. Committee Name CTE Anthony I | Vickersham | |
|-------------------|---|---|-------------------------|--|
| 3. Name | and address of person or vendor to whom paid | Purpose (Required Information) | 5. Date | 6. Amount |
| Expendit | ure #1 | | | |
| Name Address | Custom Promotions 17520 W 12 Mile Road Southfield, MI 48076 | Purpose: Shirts | 1/17/12 Date | \$ |
| | southfield, iii 40070 | CI | - lick Here for Memo | Itemization Type |
| | | Check box if this expenditure is paymen | t of | |
| Fund Expenditu | Raiser | debt or obligation reported on previous statement | i Oi | |
| - | | | | |
| Name | Jah Lion Graphics 23561 Lakepointe | | 1/27/12 | _{\$} 7330.00 |
| Address | Clinton Twp., MI 48036 | Purpose: Sign Deposit | Date | |
| | | CII | ck Here for Memo | Itemization Type |
| <u> </u> | Raiser | Check box if this expenditure is payment debt or obligation reported on previous statement | t of | |
| Expenditu | re #3 | | | |
| Name | Sycamore Hills Golf 48787 North Ave. | | 1/27/12 | _{\$} 1000.00 |
| Address | Macomb, MI 48042 | Purpose: Deposit for Golf Outing FR | Date | Ψ |
| | | | k Here for Memo I | temization Type |
| | | Check box if this expenditure is payment | | tomedion type |
| X Fund i | Raiser | debt or obligation reported on previous | OI . | |
| Expenditur | e #4 | statement | | |
| Name | | | | |
| | Andiamo Italia 7096 E 14 Mile |] | 2/02/12 | 211.73 |
| Address | 7090 E 14 H11e Warren, MI 48092 | Purpose:Lunch with | Date | \$ |
| | | Constituents | | |
| | | Clic | k Here for Memo it | temization Type |
| Fund F | Raiser | Check box if this expenditure is payment debt or obligation reported on previous statement | of | |
| xpenditure | # 5 | | | |
| Name | | | | |
| Address | Dana Camphous-Peterson PO Box 46057 Mt. Clemens, MI 48046 | Consulting Services Purpose: | 2/07/12 Date | \$ 500.00 |
| | • | Click | k Here for Memo It | emization Type |
| Fund R | aiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | The state of the s |
| | | Sub | ototal this page | 9,197,73 |
| | | Grand Total of a (Complete on last pa | | |



ITEMIZED EXPENDITURES SCHEDULE 1B

CANDIDATE COMMITTEE

| 1. Committee I. D. Number | 138663 |
|---------------------------|--------|
|---------------------------|--------|

| | CANDIDATE COMMITTEE | 2. Committee Name | kersham_ | |
|------------------------------|--|---|----------------------|------------------|
| 3. Name a | and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| Expenditu Name Address | ure#1 William Hart III 49926 Willowood Macomb, MI 48044 | Services Consulting | 2/07/12 Date | \$ |
| | nacomo, mi 48044 | Click | | Itemization Type |
| Fund Raiser Expenditure #2 | | Check box if this expenditure is payment of debt or obligation reported on previous statement | <u> </u> | |
| Name | € #Z | | 0/00/10 | |
| Address | Office Max 33840 Gratiot Ave. Clinton Twp., MI 48035 | Office Supplies Purpose: | 2/08/12 Date | \$ |
| | | Click I | Here for Memo | temization Type |
| Fund | Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| - | re #3 | • | | |
| Name | CJ Barrymores | | 2/17/12 | 3075.00 |
| Address | 21750 Hall Road Clinton Twp., MI 48038 | Returned Funds - | Date | <u> </u> |
| | officon twp., HI 40036 | Improper Donation | loro for Mama I | temization Type |
| | | Check box if this expenditure is payment of | iere ioi iviettio i | temization Type |
| Fund i | Raiser | debt or obligation reported on previous statement | | |
| Expenditur | e #4 | statement | | |
| Name | American Graphics 34895 Groesbeck Hay. | | 2/17/12 | 121.90 |
| Address | Clinton Twp., MI 48035 | Tickets printed Purpose: | Date | |
| | | for FR | lara for Mama li | temization Type |
| | | | ielė iot ivietiio ii | temzation type |
| Fund F | Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure | # 5 | | | |
| Name | Lowe's | | 2/22/12 | 2607.60 |
| Address | 35115 S. Gratiot Clinton Twp., MI 48035 | Purpose: Poles | Date | \$ |
| | | Click H | lere for Memo If | temization Type |
| Fund R | aiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| | | Subtot | tal this page | 6,379.77 |
| | | Grand Total of all S (Complete on last page | | |
| | | | | |



CANDIDATE COMMITTEE

| 1. Committee I. D. Number | 138663 |
|---------------------------|--------|
| | |

| OARDIDATE COMMITTEE | 2. Committee Name CTE Anthony W | ickersham | |
|---|---|----------------------|------------------|
| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| Expenditure #1 | | | - |
| Name Jah Lion 23561 Lakepointe Clinton Twp., MI 48036 | Purpose: Signs Balance | 2/23/12 Date | \$ 3558.85 |
| Clinton lwp., Hr 40030 | Clie | de l.la.a. £a.a. \$4 | |
| Fund Raiser - | Check box if this expenditure is payment of debt or obligation reported on previous statement | k Here for Memo II | temization Type |
| Expenditure #2 | | | |
| Name Postmaster Mt. Clemens, MI 48043 Address | Purpose: Stamps - Endorsement Mailings | | \$ |
| | Click | k Here for Memo Ite | emization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | of | |
| Expenditure #3 | | | |
| Dana Camphous-Peterson PO Box 46057 Address Mt. Clemens, MI 48046 | Consulting Services Purpose: | 3/06/12 Date | \$ 500.00 |
| Fund Raiser | Click Check box if this expenditure is payment o debt or obligation reported on previous statement | Here for Memo Ite | emization Type |
| Expenditure #4 Name Roberts Ink 59810 Havenridge Address New Haven, MI 48048 | Purpose: Website Services | 3/06/12 Date | \$ 200.00 |
| | Click | Here for Memo Ite | mization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | mization Type |
| Expenditure #5 Name Macomb Cty. Clerk's Office Address 40 N. Main Mt. Clemens, MI 48043 | Filing Fee Purpose: | 3/07/12 Date | \$ 100.00 |
| Fund Raiser | Click Check box if this expenditure is payment of debt or obligation reported on previous statement | Here for Memo Ite | mization Type |
| | Subtr Grand Total of all (Complete on last pag | | 4,583.85 |
| | | F | Enter this total |

on line 8a of Summary Page



SCHEDULE 1B

1. Committee I. D. Number 138663

| C | ANDIDATE COMMITTEE | 2. Committee Name CTE Anthony Wie | ckersham | ····· |
|---------------|--|---|------------------|--------------------|
| 3. Name an | d address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| Expenditure | ÷#1 | | | |
| Name | Office Max | | 3/7/12 | 96.41 |
| | 33840 Gratiot Ave. | Purpose: Office Supplies | Date | \$ |
| Address | Clinton Twp., MI 48035 | Purpose: | | |
| | | Click | Here for Memo | Itemization Type |
| | | Check box if this expenditure is payment of | i | |
| Fund R | aiser · | debt or obligation reported on previous | | |
| Expenditure | #2 | statement | | |
| Name | Jah Lion | | | |
| | 23561 Lakepointe | Signs | 3/12/12 | \$7284 . 75 |
| Address | Clinton Twp., MI 48036 | Purpose: | Date | |
| | | | | |
| | | Click | Here for Memo I | Itemization Type |
| | | Check box if this expenditure is payment of | | |
| Fund Ra | aiser | debt or obligation reported on previous statement | | |
| Expenditure | #3 | decomon | | |
| Name | William Hart, III | | | |
| | 49926 Willowood | | 3/14/12 | \$ 320.00 |
| Address | Macomb Twp., MI 48044 | Consulting Services | Date | |
| | - | | | |
| | | | | temization Type |
| п. | | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Ra | | statement | | |
| Expenditure : | ¥ 4 | | | |
| Name | American Graphics | | 3/19/12 | 2314.14 |
| | 34895 Groesbeck Hwy. | Inttorhood Francisco | Date | \$ |
| Address | Clinton Twp., MI 48035 | Letterhead, Envelopes Business Cards | , | · |
| | | | lere for Memo It | tamalmatian Tana |
| | | | | ternization Type |
| — | | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Ra | iser | statement | | |
| Expenditure # | 5 | | | |
| Name | Stabenow for Senate | | 3/29/12 | 50.00 |
| Address | PO Box 4945 | Ticket for Event | | \$ |
| Muuless | East Lansing, MI 48826 | Purpose: | Date | |
| | | Click F | Here for Memo It | temization Type |
| | | Check box if this expenditure is payment of | | |
| X Fund Rai | ser | debt or obligation reported on previous statement | | ĺ |
| | | Subto | tal this page | |
| | | | | 10,065.30 |
| | | Grand Total of all 5 (Complete on last page | | |
| | | (Complete on last page | or construite) | |

Enter this total on line 8a of Summary Page



SCHEDULE 1B

1. Committee I. D. Number __

| 1 | 38 | 6 | 6 | 3 |
|---|----|---|---|---|
| | | | | |

| I | CANDIDATE COMMITTEE | 2. Committee NameCTE Anthony Wickersham | |
|--------------------------------|--|--|------------------------|
| 3. Name a | and address of person or vendor to whom paid | 4. Purpose (Required Information) 5. Date 6. | Amount |
| Expenditu Name Address | American Graphics 34895 Groesbeck Clinton Twp., MI 48035 | Purpose: Stationary Date Friend Cards for Event Click Here for Memo Item | |
| X Fund i | | Check box if this expenditure is payment of debt or obligation reported on previous statement | |
| Expenditure Name | Lowe's 35115 S. Gratiot Ave. | 4/03/12 | 62.54 |
| Address | Clinton Twp., MI 48035 | Purpose: Delivery Charge Date For Sign Posts Click Here for Memo Itemiz | zation Type |
| Fund F | | Check box if this expenditure is payment of debt or obligation reported on previous statement | |
| Name Address | Postmaster Mt. Clemens, MI 48043 | Purpose: Stamps for Boat Date Fundraiser Click Here for Memo Itemiz | 1170.00 |
| X Fund R | aiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | ., |
| Expenditure Name Address | #4 William Hart, III 49926 Willowood Macomb, MI 48044 | Purpose: Services Services | 490.50 |
| Fund R | | Click Here for Memo Itemize Check box if this expenditure is payment of debt or obligation reported on previous statement | ation Type |
| Expenditure Name Address | #5 Dana Camphous-Peterson PO Box 46057 Mt. Clemens, MI 48046 | Purpose: Consulting Services Date \$ Click Here for Memo Itemize | 500 . 00 ation Type |
| Fund Ra | aiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | |
| | | Grand Total of all Schedules 1B (Complete on last page of Schedule) | 3,550.58 |
| | | · · · · · · · · · · · · · · · · · · · | r this total |

on line 8a of Summary Page



SCHEDULE 1B

1. Committee I. D. Number _______138663

| CANDIDATE COMINITIES | 2. Committee NameCTE Anthony | Wickersham | |
|---|---|---------------------------------------|----------------------|
| Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| Expenditure #1 | | | |
| Name Postmaster | ĺ | 4/12/12 | 480.00 |
| Address Mt.Clemens, MI 48043 | Purpose: Postage for Event | Date | \$ |
| | (| Click Here for Memo | Itemization Type |
| X Fund Raiser | Check box if this expenditure is payme debt or obligation reported on previous statement | ent of | |
| Expenditure #2 | | | |
| Name Office Max. 33840 Gratiot Ave. | n | 4/18/12 | _{\$} 174.79 |
| Address Clinton Twp., MI 48036 | Printer Purpose: | Date | · |
| | c | Click Here for Memo | Itemization Type |
| Fund Raiser | Check box if this expenditure is payment debt or obligation reported on previous statement | nt of | |
| Expenditure #3 | | | |
| Name Dana Camphous-Peterson PO Box 46057 | Consulting Services | 4/27/12 Date | \$600.00 |
| Mt. Clemens, MI 48046 | Purpose: | — Date | |
| | | lick Here for Memo | Itemization Type |
| Fund Raiser | L_Check box if this expenditure is paymer debt or obligation reported on previous statement | nt of | |
| Expenditure #4 | Statement | | |
| Cheeseburger in Paradise 13883 Lakeside Circle Address Sterling Hgts., MI 48313 | Lunch with Purpose: | 4/27/12 Date | \$ 52.86 |
| | Constituents | - | |
| | · | ick Here for Memo i | temization Type |
| Fund Raiser | Check box if this expenditure is paymen debt or obligation reported on previous statement | t of | |
| Expenditure #5 | | | |
| Name William Hart, III | Services | 4/27/12 | 421.00 |
| Address 49926 Willowood Macomb, MI 48044 | Purpose:Consulting | Date | \$ |
| | | ick Here for Memo I | temization Type |
| Fund Raiser | Check box if this expenditure is payment debt or obligation reported on previous statement | i of | |
| | Su | ubtotal this page | 1,728.65 |
| | Grand Total of (Complete on last p | all Schedules 1B page of Schedule) | |
| | | | |



CANDIDATE COMMITTEE

| 1. Committee I. D. Number | 138663 | |
|---------------------------|--------|--|
| | | |

| | | . Committee Name CIE AULHORY WI | ckersnam | |
|------------|--|---|-----------------|----------------------|
| 3. Name | and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| Expendi | ture #1 | | | |
| Name | Perfect Products | | 4/30/12 | 164.16 |
| | 35186 Automation Dr. | m# | | \$ |
| Address | | Ties Purpose: | Date , | |
| | CITATION 1wp., HI 40055 | | | |
| | | Click | Here for Memo | Itemization Type |
| | | Check box if this expenditure is payment o | • | |
| <u> Пг</u> | I Phata an | debt or obligation reported on previous | 1 | |
| | Raiser - | statement | | |
| Expendit | ıre #2. | | | |
| Name | Thootom®County County | | | |
| | Tractor Supply Company | | <u>4/30/12</u> | \$ 190.74 |
| Address | 66030 Van Dyke | Purpose: | Date | |
| | Washington, MI 48095 | Signs | | |
| | | | Here for Memo | Itemization Type |
| | | | | · · |
| | | Check box if this expenditure is payment or | f | |
| Fund | Raiser | debt or obligation reported on previous statement | | |
| Expendit | ure #3 | VICEOTION | | |
| | | | | |
| Name | City of Centerline | | 5/04/12 | s 100.00 |
| | 7070 E. 10 Mile Road | Bond - Signs | | \$ 100.00 |
| Address | Centerline, MI 48015 | Purpose: | Date | |
| | | OF 1 | | |
| | | Click | Here for Memo I | temization Type |
| | | Check box if this expenditure is payment of | : | |
| Fund | Raiser | debt or obligation reported on previous statement | | |
| Expenditu | re #4 | Statement | | |
| • | | İ | , | |
| Name | Office Max | | 5/04/12 | 220 00 |
| | 33840 Gratiot | Office Supplies | 5/04/12 Date | _{\$} 230.98 |
| Address | Clinton Twp., MI 48035 | Purpose: | Date | |
| | | | | |
| | | Click | Here for Memo I | temization Type |
| | | Check box if this expenditure is payment of | | |
| | | debt or obligation reported on previous | | |
| Fund | Raiser | statement | | |
| Expenditu | re #5 . | | | |
| Name | | | | |
| | Office Max | | 5/05/12 | 203.45 |
| Address | 33840 Gratiot | Purpose: Office Supplies | Date | \$ |
| | Clinton Twp., MI 48035 | | V | |
| | | Click | Here for Memo I | temization Type |
| | • | Check box if this expenditure is payment of | | |
| Fund | Raiser | debt or obligation reported on previous | | |
| , und | NAISCI | statement | | -,, |
| | | Subto | otal this page | 990 22 |
| | | * | | 889.33 |
| | | Grand Total of all | | |
| | | (Complete on last page | e or ocneane) [| |



1. Committee I. D. Number ___

138663

| | ANDIDATE COMMITTEE | 2. Committee Name CTE Anthony Wic | kersham | |
|-------------------|--|---|-----------------|---------------------|
| 3. Name an | d address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| Expenditure | #1 | | | |
| Name | Lowes | | 5/5/12 | 52.98 |
| į. | 35115 S. Gratiot | | | \$ |
| Address | Clinton Twp., MI 48035 | Purpose: Ties | Date | |
| | | Click I | tere for Mem | o Itemization Type |
| | | | | |
| Fund Ra | | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure i | T. | | | |
| Name | Friday's | | | |
| | 33703 Van Dyke | | 5/4/12 | \$ 42 . 00 |
| Address | Sterling Hgts., MI 48312 | Purpose: Lunch with | Date | |
| | | Constituents | | |
| | | Click H | ere for Memo | Itemization Type |
| | | Check box if this expenditure is payment of | | |
| Fund Ra | isar | debt or obligation reported on previous | | |
| <u> </u> | | statement | | |
| Expenditure : | #3 | | | |
| Name | American Graphics | | 5/14/12 | 1,176.60 |
| | 34895 Groesbeck | Endorsement Letters | _ | \$ |
| Address | Clinton Twp., MI 48035 | Purpose: | Date | |
| | officon 1wp., iii 40055 | | | |
| | | Tickets, Envelopes Cfick He | ere for Memo | Itemization Type |
| | | Check box if this expenditure is payment of | | |
| X Fund Rai | ser | debt or obligation reported on previous | | |
| Expenditure # | 4 | statement | | |
| Name | • | | | |
| Manie | Friends of Kevin Hertel | | | |
| | 22428 Beach St. | _ | <u>5/14/1</u> 2 | _{\$} 50.00 |
| Address | St. Clair Shores, MI 48081 | Purpose: <u>Ticket</u> for FR | Date | |
| | | | | |
| | | | re for Memo | Itemization Type |
| $\overline{}$ | | Check box if this expenditure is payment of | | |
| X Fund Rais | ser | debt or obligation reported on previous statement | | |
| xpenditure #5 | | | - | |
| Name | | | | |
| **** * | William Hart III | | 5/22/12 | 620.00 |
| Address | 49926 Willowood | Services | Date | \$ |
| | Macomb, MI 48044 | Purpose: | Pate | |
| | | Click Her | re for Memo | Itemization Type |
| | | Check box if this expenditure is payment of | | typo |
| Fund Raise | er | debt or obligation reported on previous | | |
| <u> </u> | <u></u> | statement | | |
| | | Subtotal | this page | 1,941.58 |
| | | Grand Total of all Sci | hedules 1B | |
| | | (Complete on last page of | i Schedule) | |

Enter this total on line 8a of Summary Page

Page 9 of 0



SCHEDULE 1B CANDIDATE COMMITTEE

| 1. Committee I. D. Number | 138663 |
|---------------------------|--------|
| | |

| | CANDIDATE COMMITTEE | 2. Committee Name CTE Anthony Wickersham |
|--------------|--|---|
| 3. Name | and address of person or vendor to whom paid | 4. Purpose (Required Information) 5. Date 6. Amount |
| Expendito | ure #1 | |
| Name | North Direct Mel. 1 | 5/22/12 102.00 |
| | North River Mobil 24707 N. River Road | \$ |
| Address | Mt. Clemens, MI 48043 | Purpose: Gas Card |
| | ne. Gremens, nr 40045 | Click Here for Memo Itemization Type |
| | | p |
| 1 | | Check box if this expenditure is payment of |
| Fund | Raiser | debt or obligation reported on previous statement |
| Expenditu | re #2 | |
| Name | Crews Inn | 5/25/12 57.00 |
| | 31988 North River Rd. | 5/25/12 \$ 57.90 |
| Address | Harrison Twp., MI 48045 | Purpose: Lunch with Date |
| | • • | Constituents |
| | | Click Here for Memo Itemization Type |
| | | Check box if this expenditure is payment of |
| ☐ Eund | Raiser | debt or obligation reported on previous |
| <u></u> | | statement |
| Expenditu | re #3 | |
| Name | T 51 1 5 6 6 1 5 7 7 | 5/30/12 _ 7500.00 |
| | Infinity & Ovation Yachts | \$ |
| Address | 400 Maple Park Blvd., #404 | Purpose: Food & Services Date |
| | St. Clair Shores, MI 48081 | for Fundraiser |
| | | Click Here for Memo Itemization Type |
| | | L_Check box if this expenditure is payment of |
| X Fund | Raiser | debt or obligation reported on previous statement |
| Expenditur | e #4 | |
| Name | Dana Camphous Botanna | |
| | Dana Camphous-Peterson PO Box 46057 | 5/30/12 \$ 1000.00 |
| Address | Mt. Clemens, MI 48046 | Consulting Services Date |
| | ner orement, iii 40040 | Purpose: for June 2012 |
| | | Click Here for Memo Itemization Type |
| | | |
| | | Check box if this expenditure is payment of debt or obligation reported on previous |
| Fund F | Raiser | statement |
| Expenditure | e#5 | |
| Name | | E/01/10 077 00 |
| | Italian Tribune | 1/4 Pg. Ad for 5/31/12 277.00 |
| Address | PO Box 380407 | Purpose: Date |
| | Clinton Twp., MI 48038 | Paner |
| | | Click Here for Memo Itemization Type |
| | | Check box if this expenditure is payment of debt or obligation reported on previous |
| Fund F | Raiser | statement |
| | | Subtotal this page |
| | | 8,936.90 |
| | · | Grand Total of all Schedules 1B |
| | | (Complete on last page of Schedule) |



SCHEDULE 1B CANDIDATE COMMITTEE

| 1. Committee I. D. Number | 138663 |
|---------------------------|--------|
| | |

| | | 2. Committee Name CTE Anthony | Wickersham | |
|--------------|--|---|----------------------|------------------|
| 3. Name a | and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| Expenditu | re #1 | | | |
| Name | 0 | 1 | 5/31/12 | 1074 00 |
| | Custom Promotions | Rumaga: T-Shirts | | \$ 1974.99 |
| Address | 17520 W 12 Mile Road | Purpose: 1-SHIFES | Date — | <u></u> - |
| | Southfield, MI 48076 | | Click Here for Memo | Itemization Type |
| | • | Check box if this expenditure is payme | | · · |
| Fund F | Raiser | debt or obligation reported on previous | nt or | |
| Expenditure | e #2 | statement | | |
| Name | Chrombia B | | | |
| Ivanic | Custom Promotions | ł | 5/31/12 | 155.68 |
| Address | 17520 W 12 Mile Road | Purpose: Polo Shirts | Date | \$ |
| Addiess | Southfield, MI 48076 | Purpose: FOIO SHIFTS | _ | |
| | | c | lick Here for Memo I | temization Type |
| | | Check box if this expenditure is paymer | | |
| Fund R | Raiser | debt or obligation reported on previous | it OI | |
| Expenditure | e #3 | statement | | |
| Name | Speedway Gas Station | | | |
| | Macomb, MI 48044 | 1 | 5/31/12 | . 50.37 |
| Address | 10044 | Purpose: Gas for Truck | Date | \$ |
| | | Moving Poles | _ | |
| | | Cii | ick Here for Memo It | emization Type |
| | | Check box if this expenditure is paymen | t of | |
| Fund R | aiser | debt or obligation reported on previous statement | | |
| Expenditure | #4 | | | |
| Name | Lowes | | | |
| | 15350 Hall Road | Cian Danta | 5/31/12 | \$ 523.00 |
| Address | Clinton Twp., MI 48038 | Sign Posts Purpose: | Date | |
| | | | - | |
| | | Clie | ck Here for Memo Ite | emization Type |
| _ | | Check box if this expenditure is payment | of | |
| Fund Ra | aiser | debt or obligation reported on previous statement | | |
| xpenditure # | ¥5 . | | | |
| Name | 0551 | | | |
| | Office Max | | 6/02/12 | \$ 59.13 |
| Address | 33840 Gratiot | Purpose: Office Supplies | Date | \$ 37.13 |
| | Clinton Twp., MI 48035 | | | |
| | | Clic Check box if this expenditure is payment | k Here for Memo Ite | mization Type |
| Fund Rai | icar | debt or obligation reported on previous | OT | |
| runu Rai | 901 | statement | | |
| | | Sui | btotal this page | 2,763.17 |
| | | Grand Total of a | all Schedules 1B | ~,/UJ.1/ |
| | | (Complete on last pa | | ĺ |
| | | | · L | |



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number ______138663

| | | 2. Committee NameCTE_Anthony Wi | ickersham_ | |
|------------------|--|--|-------------------|---------------------------------------|
| | and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| Expendit | ure #1 | | | |
| Name | _ | | 6/4/12 | 107.40 |
| | Target | Smarks /D | | \$ 107.40 |
| Address | 33860 S. Gratiot | Purpose: Snacks/Drinks for | Date | |
| | Clinton Township, MI 48035 | Door Knockers | | |
| | | Clici | k Here for Memo | Itemization Type |
| | | Check box if this expenditure is payment of | of | |
| Fund | Raiser | debt or obligation reported on previous | | |
| Expenditu | re #2 | statement | | |
| Name | | | (15110 | |
| Hamo | Postmaster | | 6/5/12 | 1215.00 |
| 6 a lalas | Mt. Clemens, MI 48043 | Purpose. Postage for Penna's | Date | \$ |
| Address | | Purpose: Fundraiser | Duic | |
| | | i i | | |
| | | Click | Here for Memo I | Itemization Type |
| | | Check box if this expenditure is payment or | f | |
| XX Fund | Raiser | debt or obligation reported on previous | , | |
| Expenditu | re #3 | statement | | · · · · · · · · · · · · · · · · · · · |
| | | | | |
| Name | Manhatten Mailers | | 6/11/12 | 4664.32 |
| A | 51132 Milano Drive | Matilia o | 0,11,12 | \$ 4004.32 |
| Address | Macomb, MI 48042 | Purpose: Mailing Services | Date | |
| | | | | |
| | | i [| Here for Memo It | emization Type |
| _ | | L_Check box if this expenditure is payment of | ; | |
| Fund F | Raiser | debt or obligation reported on previous statement | | |
| Expenditure | e #4 | Statement | | · |
| Name | Shalby Committee B | | • | |
| | Shelby Community Foundation PO Box 183181 | | 6/12/12 | 125.00 |
| Address | | Hole Sponsor | Date | \$ |
| | Shelby Township, MI 48318 | Purpose: | Date | |
| | | | | |
| | | Click H | Here for Memo Ite | emization Type |
| | | Check box if this expenditure is payment of | | |
| XX Fund R | aiser | debt or obligation reported on previous | | |
| xpenditure | | statement | | |
| | • | | | |
| | Warren Lions Club | | | |
| | 3001 E. 13 Mile Road | Total Date of the Control of the Con | 6/14/12 | _{\$} 300.00 |
| -uui622 | Warren, MI 48092 | Purpose: Tent Fee - Festival | Date | * |
| | | | | 1 |
| | | Click H | lere for Memo Ite | mization Type |
| ٦ | | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Ra | alser | statement | | |
| | | 0144 | fol this n | |
| | | Subjot | tal this page | 6,411.72 |
| | - | Grand Total of all S | Schedules 1B | |
| | | (Complete on last page | | |
| | | | · - | |



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

| 1. Committee I. D. Number | 138663 |
|---------------------------|--------|
| | |

| | 2.0 | Committee Name <u>CTE Anthony Wick</u> | kersnam | |
|---------------|---|---|-------------------------|--|
| 3. Name a | nd address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| Expenditur | e #1 | | | |
| Name | Italian American Cultural Societ | | 6/15/12 | 500.00 |
| | 43843 Romeo Plank Road | r · | | \$ |
| Address | Clinton Twp., MI 48038 | Purpose: Kid Zone Sponsor | Date | |
| | orinton twp., Ar 40036 | Event | | |
| | | Click H | ere for Memo | Itemization Type |
| | | Check box if this expenditure is payment of | | |
| Fund R | Raiser · | debt or obligation reported on previous | | |
| Expenditure | | statement | | <u> </u> |
| • | | | | |
| Name | Office Max | | 6/15/12 | . 194.10 |
| | 33840 Gratiot | Office Supplies | Date | 5 |
| Address | Clinton Twp., MI 48035 | Purpose: Office Supplies | Dato | |
| | | | | |
| | | Click H | ere for Memo I | temization Type |
| | | Check box if this expenditure is payment of | | |
| Fund R | aiser | debt or obligation reported on previous | | |
| <u> </u> | | statement | | ···· · · · · · · · · · · · · · · · · · |
| Expenditure | e #3 | | | |
| Name | Party City | | | |
| | 32469 Gratiot | Table Cloths & | 6/15/12 | \$ 52.01 |
| Address | Roseville, MI 48066 | Purpose: Clamps for Event | Date | - |
| | • | _ | | |
| | | Click He | ere for Memo I | temization Type |
| | | Check box if this expenditure is payment of | | |
| Fund R | aiser | debt or obligation reported on previous statement | | |
| Expenditure | #4 | Statement | | |
| Name | William Hart III | | | |
| Martie | 49926 Willowood | | 6/15/12 | 980.00 |
| | Macomb, MI 48044 | Conquiting Commisses | Date | \$ |
| Address | 14COMD 9 111 40074 | Purpose: Consulting Services | Date | |
| | | | | |
| | | Click He | ere for Memo It | emization Type |
| | | Check box if this expenditure is payment of | | |
| Fund Ra | aisar | debt or obligation reported on previous | | |
| | | statement | | |
| Expenditure : | #5 | | | |
| Name | Custom Promotions | | e 10 = 10 | |
| | | D., | 6/15/12 | \$ 593.60 |
| Address | 17520 W. 12 Mile Rd., #200 | Purpose: Bumpter Stickers | Date | |
| | Southfield, MI 48076 | Of 1.11 | un Enu 14 · · · · · · · | t |
| | | | ae ior Memo II | emization Type |
| | | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Ra | iser | statement | | |
| | | Subtota | i this page | 2,319.71 |
| | | Sabiota | page | 4,J17./1 |
| | | Grand Total of all So | | |
| | | (Complete on last page of | of Schedule) | |



CANDIDATE COMMITTEE

| 1. Committee I. D. Number | 138663 | |
|---------------------------|--------|------|
| | | |

| ı | CANDIDATE COMMITTEE | 2. Committee Name CTE Anthony Wick | ersham | | |
|------------------------------|--|--|-------------------------|------------|----------------------|
| 3. Name a | and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. / | Amount |
| Expenditu Name Address | Manhatten Mailers 51132 Milano Drive Macomb, MI 48042 | Check box if this expenditure is payment of | 6/15/12 Date | \$ | 4869.68 zation Type |
| | Raiser | debt or obligation reported on previous statement | | | |
| Expenditur Name | Manhatten Mailers | | 6/15/12 | \$ | 6250.83 |
| Address | 51132 Milano Drive Macomb, MI 48042 | Purpose: Mailing Process & Services | Date | | |
| Fund F | Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | re for Memo | temiz | zation Type |
| Expenditu | re #3 | | | | |
| Name | Sycamore Golf Course 48787 North Ave. | remarning parance - | 6/21/12 | \$ | 5336.00 |
| Address | Macomb, MI 48042 | Purpose: Food/Beverage Costs for Fundraiser Click Here | Date e for Memo i | temiz | ation Type |
| XX Fund F | Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | | |
| Expenditure | e #4 | | | | |
| Name Address | Sponsorship Solutions 13854 Lakeside Cir., #245 Sterling Hgts., MI 48313 | Purpose: Park It Event Sponsorship | Date For Memo I | \$ emiz | 1000.00 |
| Fund R | Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | | |
| Expenditure | #5 | | | | |
| Name Address | Custom Promotions 17520 W. 12 Mile Rd. Southfield, MI 48076 | Purpose: Bumper Stickers | <u>6/26/1</u> 2 Date | \$ | 205.07 |
| Fund R | aiser | Click Here Check box if this expenditure is payment of debt or obligation reported on previous statement | e for Memo l | emiz | ation Type |
| | | Subtotal t | | 17 | ,661.58 |
| | | Grand Total of all Sch (Complete on last page of | | | |



CANDIDATE COMMITTEE

| 1. Committee I. D. Number | |
|---------------------------|--|
| | |

| (| CANDIDATE COMMITTEE 2. | Committee Name CTE Anthony Wic | kersham | |
|--------------|--|---|-------------------|----------------------|
| 3. Name a | and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| Expenditu | re #1 | | | |
| Name | Dana Camphous Peterson PO Box 46057 | | 6/26/12 | \$ 800.00 |
| Address | Mt. Clemens, MI 48046 | Purpose: Services - July | Date | |
| | | Click | Here for Memo | Itemization Type |
| | | Check box if this expenditure is payment of | | |
| Fund f | | debt or obligation reported on previous statement | | |
| Expenditure | 5 #Z | | | |
| Name | American Polish Century Club | | 6/26/12 | s 200.00 |
| Address | 33204 Maple Lane | Purpose: Hole Sponsor | Date | |
| Addiess | Sterling Hgs., MI 48312 | Fulpose. | | |
| | | Click | Here for Memo | Itemization Type |
| | | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| X Fund F | ······································ | statement | | |
| Expenditur | e #3 | | | |
| Name | Bob's Specialty Co. | | 7/00/110 | 040 76 |
| | 32446 Newcastle | Golf Tees & | 7/02/12 | _{\$} 842.76 |
| Address | Warren, MI 48093 | Purpose: | Date | |
| | · | Letter Openers | lare for Mama I | temization Type |
| | | _ | ICIE IOI IMENIO I | temization Type |
| <u> Пешь</u> | No. | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund R | | statement | | |
| Expenditure | ; #4 | | | |
| Name | Graphics East | | 7/02/12 | 909 00 |
| | 16005 Sturgeon | Programs for | Date | \$ 898.00 |
| Address | Roseville, MI 48066 | Purpose: | Date | · · · · · |
| | | Golf Outing | lere for Memo I | temization Type |
| | | | iere ioi Menio n | ternization Type |
| Г ¬ | | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund R | aiser | statement | | |
| Expenditure | #5 | | | |
| Name | Manhatten Mailers | 1 | 7/09/12 | 7 100 00 |
| | 51132 Milano Drive | | | 7,122.22 \$ |
| Address | Macomb, MI 48042 | Purpose: Mailing Services | Date | |
| | | Click H | lere for Memo l | temization Type |
| | | Check box if this expenditure is payment of | | |
| Fund Ra | aiser | debt or obligation reported on previous statement | | |
| | | Subto | tal this page | 9,862.98 |
| | | Grand Total of all S | Schedules 1B | |
| | | (Complete on last page | | |
| | | | | |

Enter this total on line 8a of Summary Page



CANDIDATE COMMITTEE

| 1. Committee I. D. Number | 138663 |
|---------------------------|--------|
| | |

| | | 2. Committee Name CIE Authory w | rckersnam | |
|--------------|--|---|-----------------|----------------------|
| 3. Name | and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| Expendi | ure #1 | | | |
| Name | Custom Promotions | | 7/09/12 | \$ 723 . 10 |
| Address | 17520 W. 12 Mile, #200 Southfield, MI 48076 | Purpose: T-shirts | Date | ` <u></u> |
| | | Clic | k Here for Memo | Itemization Type |
| | | Check box if this expenditure is payment | o.f | |
| | Raiser | debt or obligation reported on previous statement | OI. | |
| Expenditu | ire #2 | | | |
| Name | Ideation Signs | | 7/00/10 | 150 00 |
| | 405 E. 4th Street | } | 7/09/12 | _{\$} 159.00 |
| Address | Royal Oak, MI 48067 | Purpose: Banner for Golf | Date | |
| | , =, | Fundraiser | | |
| | | Click | k Here for Memo | Itemization Type |
| | | Check box if this expenditure is payment of | | •• |
| X Fund | Raiser | debt or obligation reported on previous statement | | |
| Expendito | ıre #3 | Catomore | ·· | |
| Name | occ. v | | | |
| , , , , , , | Office Max | | 7/09/12 | _{\$} 115.67 |
| Address | 33840 S. Gratiot | Office Spplies | Date | 3 |
| , iddi ooo | Clinton Twp., MI 48035 | Purpose: | Date | |
| | | Click | Here for Memo | Itemization Tyne |
| | | | | Monneadon Type |
| | Determ | Check box if this expenditure is payment o debt or obligation reported on previous | ıt . | |
| = | Raiser | statement | | |
| Expenditu | :e #4 | | | |
| Name | 172112 H | | | |
| | William Hart, III | | 7/10/12 | s 800.00 |
| Address | 49926 Willowood | Consulting Services | Date | |
| | Macomb, MI 48044 | Purpose: | | |
| | | Click | Here for Memo I | temization Type |
| | | í <u>—</u> - | | |
| _ | | Check box if this expenditure is payment of debt or obligation reported on previous | f | |
| L Fund | Raiser | statement | | |
| Expenditur | e # 5 | | | |
| Name | Zuccaro Banquet Center | l . | | |
| - | 46601 N. Gratiot | | 7/11/12 | 4,500.00 |
| Address | Chesterfield, MI 48051 | Purpose: Food & Beverage | Date | \$ |
| | · | for Spag Dinner | | |
| | | Click | Here for Memo I | temization Type |
| | | Check box if this expenditure is payment of | | |
| Fund F | Raiser | debt or obligation reported on previous statement | | |
| | 34 | 3 tatement | | |
| | | Subte | otal this page | 6,297.77 |
| | | Grand Total of all | Schedules 1D | |
| | | (Complete on last pag | | |
| | | , | L | |

Enter this total on line 8a of Summary Page



CANDIDATE COMMITTEE

| 1. Committee I. D. Number | 138663 | |
|---------------------------|--------|--|
| | | |

| | | Committee Name CIE Anthony W10 | ckersnam | |
|----------------|---|---|-----------------|----------------------|
| 3. Name and | address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| Expenditure a | # 1 | | | |
| Name | BBs Party Store 13595 21 Mile Road | D | 7/12/12 | \$ 68.00 |
| Address | Shelby Twp., MI 48315 | Purpose: | Date | |
| | onersy twp., iii 40313 | | | Itemization Type |
| Fund Rai | | Check box if this expenditure is payment of debt or obligation reported on previous statement | • | |
| Expenditure # | 2 | | | |
| Name | Gordon Foods 7835 Convention Blvd. | | 7/11/12 | _{\$} 362.56 |
| Address | Warren, MI 48092 | Food/Supplies for | Date | |
| | | Carpenters Spag Dinner Click | Here for Memo | Itemization Type |
| Fund Rais | | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure # | 3 | | | |
| Name | Costco Warehouse 30550 Stephenson Hwy. | | 7/11/12 | \$ 539 . 70 |
| Address | Madison Hgts., MI 48071 | Purpose: Cakes for Carpenters | Date | |
| | , | Spag Dinner | | |
| | | Click | Here for Memo | Itemization Type |
| Fund Rais | eer | L_Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #4 | 1 | - Clarifornia (| | |
| Name | Roselli Wholesale | | | |
| | 33069 Groesbeck Hwy. | | 7/11/12 | 1,399.00 |
| Address | Fraser, MI 48026 | Purpose: Food for Carpenters | Date | |
| | | Spag Dinner Click H | lere for Memo | temization Type |
| Fund Rais | er | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #5 | , | | | |
| Name | Monhotter W. 13 | | | |
| Address | Manhatten Mailers 51132 Milano Drive | Mailing Services Purpose: | 7/12/12 Date | 7,308.45 |
| | Macomb, MI 48042 | | | |
| | | 1 | tere for Memo | temization Type |
| Fund Raise | er | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| | | Subto | tal this page | 9,677.71 |
| | | Grand Total of all S (Complete on last page | | |
| | | (+=mpioto on mot page | | |



CANDIDATE COMMITTEE

| 1. Committee I. D. Number | 138663 | |
|---------------------------|--------|--|
| | | |

| | ANDIDATE COMMITTEE 2 | . Committee Name CIE Anthony W10 | .kersnam | |
|---------------|--|---|---------------|------------------|
| 3. Name ar | nd address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| Expenditure | e #1 | | | |
| Name | American Graphics 34895 Groesbeck | m | 7/12/12 | 1,152.96 |
| Address | Clinton Twp., MI 48035 | Tickets/Env/Letterhead Purpose: For Fundraiser | Date | |
| | | Click | Here for Memo | Itemization Type |
| X Fund R | | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure | #2 | | | |
| Name | American Graphics | | 7/12/12 | 20,087.99 |
| Address | 34895 Groesbeck CLinton Twp., MI 48035 | Purpose: | Date | · |
| | | & Spag Dinner Fliers Click | Here for Memo | Itemization Type |
| Fund R | aiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure | ÷#3 | | | |
| Name | Index Month | | | |
| | Laser Tech | | 7/16/12 | \$ 344.50 |
| Address | 33472 Sterling ponds Blvd. Sterling Hgts., MI 48312 | Purpose: Printing of Turf Maps | Date | |
| | | - | lere for Memo | Itemization Type |
| | | | | |
| Fund Ra | aiser | L_Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure | #4 | | , | |
| Name | D-1 - 1 0 1 - | | | |
| | Polytech Graphics | 9.15.0 9. | 7/16/12 | 1,121.12 |
| Address | 395 W. Lincoln Ave. | Golf Outing Signs | Date | · |
| | Madison Hgts., MI 48071 | Purpose: | | - |
| | | Click H | lere for Memo | temization Type |
| | | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| XX Fund Ra | piser | statement | | |
| Expenditure : | #5 | | ,,, | |
| Name | Manhattan Mailers 51132 Milano Drive | | 7/16/12 | 353 .4 7 |
| Address | Macomb, MI 48042 | Purpose: Additional AV Mailings | Date | <u> </u> |
| | | • | lere for Memo | temization Type |
| Fund Ra | iser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| | | . | tal this page | 23,060.04 |
| | | Grand Total of all S (Complete on last page | | |
| | | (Complete of fast page | or constants) | Catas this total |



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

| 1. Committee I. D. Number | 138663 | |
|---------------------------|--------|--|
| | | |

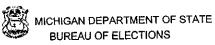
| | CANDIDATE COMMITTEE 2.C | ommittee NameCTE_Anthony Wic | kersham | |
|-----------------|---|---|------------------|---------------------|
| 3. Name | and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| Expendit | ure #1 | | | |
| Name Address | Manhattan Mailers 51132 Milano Drive Macomb, MI 48042 | Additional Mailings Purpose: | 7/18/12 Date | \$ 838.37 |
| | 1100000 111 400-12 | Click I | Here for Memo I | temization Type |
| | l Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expendito | ıre #2 | | | |
| Name Address | Mario Yono 51715 Baker Rd. Chesterfield, MI 48041 | Purpose: Provided Beverages for Fundraiser | 7/19/12 Date | \$ 210.44 |
| | | Click ! | Here for Memo I | temization Type |
| XX Fund | l Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expendi | ure #3 | | | |
| Name | Fast Eddie's 49 Crocker Blvd. | | 7/19/12 | 673.52 * |
| Address | Mt. Clemens, MI 48043 | Purpose: Provided Food for Fundraiser | Date | tomiration Type |
| | | l 1 | tere for Metho i | temization Type |
| XX Fund | l Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expendit | ure #4 | | | |
| Name | Lanse Creuse North Ice Booster 26750 Miela Club | | 7/9/12 | 100.00 \$ |
| Address | Chesterfield, MI 48051 | Purpose: Hole Sponsor | Date | |
| | | Click t | Here for Memo I | temization Type |
| XX Fund | i Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditu | ıre #5 | | | |
| Name | FOP Lodge 112 | | 7/9/12 | _e 100.00 |
| Address | 33845 24 Mile Road Cheterfield, MI 48047 | Purpose: Dinner Tickets for Event | Date | \$ |
| | - | Click I | Here for Memo | Itemization Type |
| KX Fund | l Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| <u> </u> | | Subto | otal this page | 1,922.33 |
| | | Grand Total of all (Complete on last page | | |



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number _______138663

| CANDIDATE COMMITTEE | 2. Committee Name CTE Anthony Wickersham | |
|--|---|-----------------------------|
| s. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) 5. Date | 6. Amount |
| xpenditure #1 | 7/19/12 | 250.00 |
| Ram Gunabalan 4320 Newcastle Drive | Purpose: Return of Funds Date | |
| Clarkston, MI 48348 | (maxed for cycle) Click Here for Memo | Itemization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | |
| xpenditure #2 | | • |
| Name | Date | \$ |
| Address | Purpose: Click Here for Mem | temization Type |
| | | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | |
| Expenditure #3 | | |
| lame | | _ \$ |
| ddress | Purpose: | |
| | Click Here for Mem | o Itemization Type |
| 1 | Check box if this expenditure is payment of debt or obligation reported on previous | |
| Fund Raiser | statement | |
| Expenditure #4 Name | | A |
| | Date Purpose: | |
| Address | 1 | no Itemization Type |
| | Check box if this expenditure is payment of debt or obligation reported on previous | |
| Fund Raiser | statement | |
| Expenditure #5 | | |
| Name | Date | _ \$ |
| Address | Purpose: | mo Itemization Type |
| | Check box if this expenditure is payment of debt or obligation reported on previous statement | |
| Fund Raiser | Subtotal this pag | e 250.0 |
| | Grand Total of all Schedules (Complete on last page of Schedules | 1B ale) 128,457.8 |



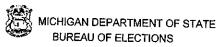
| | 138663 |
|--------------------------|--------|
| . Committee I. D. Number | |

CTE Anthony Wickersham 2 Committee Name

| (For use by officeholders only) | Committee Name | | |
|--|---|------------------------|---------------------------------|
| 3. Name and address of person to whom disbursement was made | Description of Disbursement (Be specific & you may assign a disbursement code*) | 5. Date | 6. Amount of Disbursement |
| Disbursement # 1 | Purpose | | |
| Name & Address: | Quarterly Dues | 1/6/12 | \$ 85.00 |
| Mt. Clemens Lions | | Date | |
| 9101 Division Casco, MI 48064 | | Click for Memo Item | ization Type |
| | Di la companya Carta CO | | |
| The second of dokt or obligation | Disbursement Code G0 | | |
| Check box if this disbursement is payment of debt or obligation reported on previous statement | Fund Raiser | ı | |
| Disbursement # 2 | Purpose | | |
| Name & Address: | Table for Roast | 1/10/12 | \$ <u>950.00</u> |
| Leadership Macomb | | Date | |
| 34950 Little Mack, E-104 Clinton Township, MI 48035 | | Click for Memo Item | vization Type |
| Clinton lownship, hi 40033 | | Click for Memo Item | nzauon Type |
| | GO | | |
| | Disbursement Code | | |
| Check box if this disbursement is payment of debt or obligation reported on previous statement | X Fund Raiser | | |
| | Purpose | | |
| Disbursement # 3 Name & Address: | Donation for Annual | 2/10/12 | _{\$} 100.00 |
| Macomb Sheriff Honorguard | Fundraiser | Date | |
| 43565 Elizabeth | rundraiser | | |
| Mt. Clemens, MI 48043 | | Click for Memo Item | nization Type |
| | | | |
| | Disbursement Code | | |
| Check box if this disbursement is payment of debt or obligation | Fund Raiser | | |
| reported on previous statement | X Fullu Raisei | | |
| Disbursement # 4 | Purpose | | 100.00 |
| Name & Address: | Donation for Annual | 2/10/12 | \$100 .0 0 |
| Macomb Sheriff Marine Safety Organizat | ion Fundraiser | Date | |
| 43565 Elizabeth | | Click for Memo Iten | nization Type |
| Mt. Clemens, MI 48043 | | | |
| • | | | |
| | GO | | |
| Check box if this disbursement is payment of debt or obligation | Disbursement Code | | |
| reported on previous statement | X Fund Raiser | <u>-</u> | |
| | | Subtotal this page | 1,235.00 |
| | Grand Tat | al of all Schedules 1C | 1,233.00 |
| | (Complete on I | ast page of Schedule) | |
| | | | Enter this total on line 10a of |

Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



1. Committee I. D. Number _____

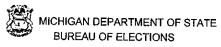
CTE Anthony Wickersham

| (For use by officeholders only) | . Committee Name | | |
|--|---|----------------------------------|---------------------------|
| 3. Name and address of person to whom disbursement was made | Description of Disbursement (Be specific & you may assign a disbursement code*) | 5. Date | 6. Amount of Disbursement |
| Disbursement # 1 Name & Address: | Purpose | <u> </u> | _l |
| Verizon Wireless PO Box 4002 Acworth, GA 30101 | Phone Services | 2/21/12 Date Click for Memo Ite | \$ 148.78 mization Type |
| Check box if this disbursement is payment of debt or obligation reported on previous statement Disbursement # 2 | Disbursement Code BO Fund Raiser Purpose | | |
| Name & Address: Community Caring Program c/o UAW 27800 George Merelli Dr. Warren, MI 48092 | Donation for Fundraiser and Ad Sponsorship | 2/21/12 Date Click for Memo Item | \$ 490.00 |
| Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code G0/K0 X Fund Raiser | | |
| Disbursement # 3 Name & Address: Carehouse | Purpose Tickets for Fools for Kids Event | 2/21/12 Date | _{\$} 150.00 |
| 131 Market St. Mt. Clemens, MI 48043 | | Click for Memo Item | ization Type |
| Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code XX Fund Raiser | | |
| Disbursement # 4 Name & Address: Central Macomb Optimist Club | Purpose Tickets for Event | 3/02/12 | 270.00 \$ |
| 16515 Festian Clinton Township, MI 48035 | Supporting Shop with the Sheriff Fundraiser | e Date Click for Memo Itemi | zation Type |
| Check box if this disbursement is payment of debt or obligation eported on previous statement | Disbursement Code GO X Fund Raiser | | · |
| | | all Schedules 1C | 1,058.78 |
| | (Complete on last p | age of Schedule) [_ | Enter this total |

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; incidental Office Expense Disbursements ONLY

Page ____ of ____



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C

| 1. Committee I. D. Number | 138663 |
|---------------------------|--------|
| D. Hamber | |

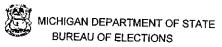
| CANDIDATE COMMITTEE | CTE Anthon | y Wickersham |
|--|---|---|
| (For use by officeholders only) 2 | . Committee Name | |
| Name and address of person to whom disbursement was made | Description of Disbursement (Be specific & you may assign a disbursement code*) | 5. Date 6. Amount of Disbursement |
| Disbursement # 1 Name & Address: | Purpose Ad for Event | 2/1//10 150.00 |
| St. John Macomb 22101 Moross, Suite 102 | - | 3/14/12 |
| Detroit, MI 48236 | | Click for Memo Itemization Type |
| Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement CodeKO | |
| Disbursement # 2 Name & Address: | Purpose Hole Sponsor for Golf | 3/19/12 100.00 |
| Dakota High School 21051 21 Mile Road | Outing | \$ Date |
| Macomb, MI 48044 | | Click for Memo Itemization Type |
| Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code KO Fund Raiser | |
| Disbursement # 3 Name & Address: | Purpose Phone Service | 1/27/12 \$ 145.09 |
| Verizon Wireless PO Box 4002 | | Date |
| Acworth, GA 30101 | | Click for Memo Itemization Type |
| Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code | |
| Disbursement # 4 Name & Address: | Purpose | |
| Verizon Wireless PO Box 4022 | Phone Service | 3/20/12 \$145.09 Date |
| Acworth, GA 30101 | | Click for Memo Itemization Type |
| Check box if this disbursement is payment of debt or obligation eported on previous statement | Disbursement CodeB0 | |
| | | Subtotal this page 540.18 |
| | Grand Total ((Complete on last | of all Schedules 1C t page of Schedule) |

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY

| | 3 | | 0 | |
|------|---|----|---|--|
| Page | | of | | |



CHEDULE 1C

1. Committee I. D. Number

DIDATE COMMITTEE

CTE An

| 138663 |
|--------|
|--------|

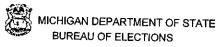
on line 10a of Summary Page

| (For use by officeholders only) 2 | . Committee Name | y Wickersham | |
|--|---|---------------------------------------|-----------------------------|
| 3. Name and address of person to whom disbursement was made | Description of Disbursement (Be specific & you may assign a disbursement code*) | 5. Date | 6. Amount of Disbursemen |
| Disbursement # 1 Name & Address: | Purpose | <u> </u> | <u> </u> |
| Gateway to Glory | Donation for Event | 3/27/12 | , 100.00 |
| PO Box 80293 | | Date | Ψ |
| Rochester Hills, MI 48308 | | Click for Memo Iter | nization Type |
| <u></u> | Disbursement Code G0 | | |
| Check box if this disbursement is payment of debt or obligation reported on previous statement | Fund Raiser | | |
| Disbursement # 2 Name & Address: | Purpose | | |
| with with adviced. | Memorial Paver Order | 3/27/12 | \$ 125 . 00 |
| Heart of America Account 27800 George Merelli Drive | | Date | \$_123.00 |
| Warren, MI 48092 | | Click for Memo Item | zation Type |
| Check box if this disbursement is payment of debt or obligation eported on previous statement | Disbursement CodeB0Fund Raiser | | |
| Disbursement # 3 Name & Address: | Purpose Donation for Annual | 3/29/12 | £ 100.00 |
| Clinton Township Honorguard 37985 Groesbeck Hwy. | Fundraiser | Date | \$ |
| Clinton Twp., MI 48036 | | Click for Memo Itemiz | ation Type |
| Charle base Marie 18 1 | Disbursement Code GO | | |
| Light Check box if this disbursement is payment of debt or obligation ported on previous statement | X Fund Raiser | | |
| sbursement # 4 ame & Address: | Purpose Donation | 4/03/12 | 100.00 |
| Macomb County Warming Center | | Date | \$ |
| PO Box 53 Roseville, MI 48066 | | Click for Memo Itemiza | ation Type |
| Check box if this disbursement is payment of debt or obligation corted on previous statement | Disbursement Code GO | | |
| | | Subtotal this page | 425.00 |
| | Grand Total o (Complete on last | of all Schedules 1C page of Schedule) | |
| | | · • | nter this total |

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY

Page 4 of 9



*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Page _5 _ of _9

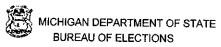
Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY

1. Committee I. D. Number _____

CTE Anthony Wickersham

Summary Page

| (For use by officeholders only) 2 | . Committee Name | y wickersham | |
|--|---|---|--------------------------------|
| 3. Name and address of person to whom disbursement was made | Description of Disbursement (Be specific & you may assign a disbursement code*) | 5. Date | 6. Amount of Disbursement |
| Disbursement # 1 Name & Address: | Purpose | <u></u> | |
| Mount Clemens Lions Club 9101 Division Casco, MI 48064 | Quarterly Dues | 4/12/12 Date Click for Memo Item | \$ 85.00 |
| Check box if this disbursement is payment of debt or obligation reported on previous statement Disbursement # 2 | Disbursement Code G0 Fund Raiser | | |
| Verizon Wireless PO Box 4022 | Purpose Phone Service | 4/27/12 Date | \$ <u>144.99</u> |
| Acworth, GA 30101 | | Click for Memo Itemi | zation Type |
| Check box if this disbursement is payment of debt or obligation reported on previous statement Disbursement # 3 | Disbursement Code BO Fund Raiser Purpose | | |
| Name & Address: Central Macomb Optimist Club PO Box 182344 Shelby Twp., MI 48318 | Hole Sponsor | 4/27/12 Date | \$ 100.00 |
| | | Click for Memo Itemiz | ation Type |
| Check box if this disbursement is payment of debt or obligation eported on previous statement | Disbursement Code | | |
| Disbursement # 4 Name & Address: | Purpose | | |
| M.C.A.P. c/o Chief Paduch 121 W. St. Clair Romeo, MI 48065 | Hole Sponsor & Golfer | 4/28/12 Date Click for Memo Itemize | \$ 150.00 ation Type |
| Check box if this disbursement is payment of debt or obligation eported on previous statement | Disbursement Code GO/KO X Fund Raiser | | · |
| | | Subtotal this page f all Schedules 1C page of Schedule) | 479.99 |
| 40F PC | | Er | nter this total line 10a of |



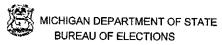
| 1. Committee I. D. Number | 138663 |
|---------------------------|----------------------|
| CI | E Anthony Wickersham |

| (For use by officeholders only) 2 | . Committee Name | - | |
|--|---|--|---------------------------------|
| 3. Name and address of person to whom disbursement was made | Description of Disbursement (Be specific & you may assign a disbursement code*) | 5. Date | 6. Amount of Disbursement |
| Disbursement # 1 Name & Address: | Purpose | | <u> </u> |
| Utica Comm Schools Foundation for Education Excellence 7600 18 Mile Road Sterling Hgts., MI 48314 | Ad for Event | Date Click for Memo Ite | \$ 150.00 mization Type |
| Check box if this disbursement is payment of debt or obligation reported on previous statement Disbursement # 2 | Disbursement Code | | |
| Name & Address: Warren Senior Connection 31698 Mound Road Warren, MI 48092 | Donation for Annual Picnic Event | 5/2/12 Date | \$ <u>100.00</u> |
| Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code | Click for Memo Item | nization Type |
| Disbursement # 3 Name & Address: Sam's Club 45600 Utica Park Blvd. Utica, MI 48315 | Purpose Renewal of Membershi | p 5/2/12 Date Click for Memo Item | \$ 70.00 |
| Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code B0 | | |
| Disbursement # 4 Name & Address: | Purpose | | |
| CLinton Township Optimist Club PO Box 380343 Clinton Twp., MI 48039 | Ad for Event | 5/2/12 Date Click for Memo Itemi | \$ 60.00 |
| Check box if this disbursement is payment of debt or obligation eported on previous statement | Disbursement Code KO X Fund Raiser | | · |
| | Grand Total (Complete on las | Subtotal this page of all Schedules 1C t page of Schedule) | 380.00 |
| | | | Enter this total on line 10a of |

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; incidental Office Expense Disbursements ONLY

Summary Page



| 1. Committee I. D. Number | 138663 | |
|---------------------------|--------|---|
| • | | - |
| | | |

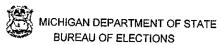
CTE Anthony Wickersham

| (For use by officeholders only) | . Committee Name | | |
|--|--|--|------------------------------|
| 3. Name and address of person to whom disbursement was made | 4. Description of Disbursement (Be specific & you may assign a disbursement code*) | 5. Date | 6. Amount of Disbursement |
| Disbursement # 1 Name & Address: | Purpose | ······································ | |
| | Ad - Brochure | 5/03/12 | _{\$} 100.00 |
| Cousino Sideliners | , | Date | |
| 30333 Hoover Rd. Warren, MI 48093 | | Click for Memo Ite | emization Type |
| | Disbursement Code KO | | |
| Check box if this disbursement is payment of debt or obligation reported on previous statement | Fund Raiser | | |
| Disbursement # 2 | Purpose | | |
| Name & Address: | Candy for upcoming | 5/17/12 | e 97.24 |
| Sam's Club | Parades | Date | _ \$ |
| 45600 Utica Park Blvd. | rataues | =,4.0 | |
| Utica, MI 48315 | | Click for Memo Iter | mization Type |
| Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code | | |
| Disbursement # 3 Name & Address: | Purpose | · · · · · · · · · · · · · · · · · · · | |
| Italian American Delegates | Hole Sponsor | 5/21/12 | \$ 100.00 |
| PO Box 380198 | | Date | |
| Clinton Twp., MI 48038 | | Click for Memo Iten | nization Type |
| <u>-</u> | Disbursement Code GO/KO | | |
| Check box if this disbursement is payment of debt or obligation reported on previous statement | X Fund Raiser | | |
| Disbursement # 4 | Purpose | | |
| Name & Address: | Phone Service | 5/22/12 | . 144 ₋ 99 |
| Verizon Wireless | | Date | 3 |
| PO Box 4002 | | Click for Memo Item | ization Type |
| Acworth GA 30101 | | oner or mone han | ization Type |
| Check box if this disbursement is payment of debt or obligation eported on previous statement | Disbursement CodeBO | | |
| , | | Subtotal this page | 442.23 |
| | Orand Total | of all Schedules 1C | |
| | (Complete on las | t page of Schedule) | |
| | | | Enter this total |

on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; incidental Office Expense Disbursements ONLY



| 1. Committee I. D. Number | 138663 |
|---------------------------|-----------------------|
| | |
| C | TE Anthony Wickersham |

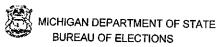
| (For use by officeholders only) 2. | . Committee Name | | |
|--|--|---------------------------------------|------------------------------|
| 3. Name and address of person to whom disbursement was made | 4. Description of Disbursement (Be specific & you may assign a disbursement code*) | 5. Date | 6. Amount of Disbursement |
| Disbursement#1 Name & Address: Kroger Store 37187 S. Groesbeck Clinton Twp., MI 48036 | Purpose Food Donated for Lake St. Clair Clean U | 5/19/12 Date Click for Memo Item | \$ 74.68 |
| Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code BO | Olick for Mellio Ref | nzation Type |
| Disbursement # 2 Name & Address: FOP Lodge 112 33845 24 Mile Road Chesterfield, MI 48047 | Purpose Dues | 5/30/12 Date Click for Memo Itemi | \$ 60.00 |
| Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement CodeGO | · | |
| Disbursement # 3 Name & Address: Verizon Wireless PO Box 4002 Acworth, GA 30101 | Purpose Phone Services | 6/19/12 Date Click for Memo Itemiz | \$ 144.99 |
| Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code <u>BO</u> Fund Raiser | | |
| Disbursement # 4 Name & Address: Serving Macomb 50461 Chief Drive Macomb, MI 48044 | Purpose Donation | 6/20/12 Date Click for Memo Itemiza | \$100.00 |
| Check box if this disbursement is payment of debt or obligation eported on previous statement | Disbursement Code GO Fund Raiser | Subtotal this page | |
| | Grand Total of (Complete on last | f all Schedules 1C page of Schedule) | 379.67 |

on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; incidental Office Expense Disbursements ONLY

Page _ 8 of _ 9



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS

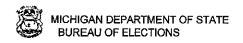
| SCHEDULE 1C | 1. Committee I. D. Number | 13 | 88663 | |
|--|--|---|---------------------------------------|-----------------------------|
| CANDIDATE COMMITTEE (For use by officeholders only) | 2. Committee Name | IE Anthony | Wickersham | |
| 3. Name and address of person to whom disbursement was made | 4. Description of Dis (Be specific & you disbursement code | may assign a | 5. Date | 6. Amount of Disbursemen |
| Disbursement # 1 Name & Address: | Purpose | 5) | | |
| Marine & Address. | Candy for Pa | rodos/Event | (100110 | 20 - |
| Sam's Club | oandy for ra | rades/ Eveni | 6/20/12 Date | \$_89.76 |
| 45600 Utica Park Blvd. | | | | minotina Toma |
| Utica, MI 48315 | | | Click for Memo Iter | nization Typę |
| | Disbursement Code | ВО | | |
| Check box if this disbursement is payment of debt or obligation | n Fund Raiser | | | |
| reported on previous statement Disbursement # 2 | Pullu Raiser | <u> </u> | | |
| Name & Address: | Purpose | | | |
| | Hole Sponsor | for Annual | 6/24/12 | \$ 100.00 |
| Carehouse | Event | | Date | |
| 131 Market Street | | | - | |
| Mt. Clemens, MI 48043 | | • | Click for Memo Item | ization Type |
| | Disbursement Code | GO/KO | | |
| Check box if this disbursement is payment of debt or obligation reported on previous statement | XX Fund Raiser | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| Disbursement # 3 Name & Address: | Purpose | | · · · · · · · · · · · · · · · · · · · | |
| Clintondale Make a Difference Day 35100 Little Mack | Donation for Event | Annual | 7 <u>/02/12</u> Date | \$ <u>100.00</u> |
| Clinton Twp., MI 48035 | | C | Click for Memo Itemi | zation Type |
| | | | | · |
| | Disbursement Code | GO | | |
| Check box if this disbursement is payment of debt or obligation reported on previous statement | Fund Raiser | | | |
| Disbursement # 4 | | | · · · · · · · · · · · · · · · · · · · | <u> </u> |
| Name & Address: | Purpose | | | |
| Mount Clemens Lions | 1st Quarter D | ues | 7/09/12 | \$ 85.00 |
| 9101 Division | | | Date | |
| Casco, MI 48064 | | C | lick for Memo Itemiz | ation Type |
| | | | | |
| Charle have if this distribution and the charles are | Dishuraament Cada | | | |
| Check box if this disbursement is payment of debt or obligation eported on previous statement | Disbursement Code Fund Raiser | | | |
| | | | | |
| | | | btotal this page | 374.76 |
| | (C | Grand Total of a complete on last pa | ll Schedules 1C ge of Schedule) | 5,315.61 |

5,315.61 Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; incidental Office Expense Disbursements ONLY

| | 9 | | 9 |
|------|---|----|-----|
| Page | | of | _ [|



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number __

138663

| SCHEDOLE IE | CT | E Anthony Wicker | cham | |
|--|--|--|---------------------------------------|--|
| CANDIDATE COMMITTEE 2. C | committee Name | 2 intrody without | | · · · · · · · · · · · · · · · · · · · |
| This Schedule itemizes: | | | | |
| | mittee OR b. Deb ck either a or b. Use only for the p | ts and obligations owed <u>to</u> or urpose checked.) | forgiven by the cor | nmittee. |
| Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any. | 4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt | 7. Date and amount of each payment | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |
| Debt #1 Corp? Yes Owed to or by: | 4. Type: Purchase | 7/19/12 \$ 210.44 | 210.44 | -0- |
| Mario Yono 51715 Baker Road Chesterfield, MI 48051 | 5. <u>Date Debt Was Incurred</u> : 7/18/12 6. <u>Original Amount of Debt</u> : \$210.44 | \$ \$ \$ | \$ | \$ FORGIVEN |
| If bank loan, name of endorser or guarantor: | | | ount Endorsed: \$ | |
| Debt #2 Corp? Yes Owed to or by: | 4. Type: | \$ | | |
| | 6. Original Amount of Debt: | \$ s | \$ | \$FORGIVEN |
| If bank loan, name of endorser or guarantor: | | | ount Endorsed; \$_ | |
| Debt #3 Corp? Yes Owed to or by: | 4. Type: 5. <u>Date Debt Was Incurred</u> : 6. <u>Original Amount of Debt</u> : \$ | \$ \$ \$ \$ | \$ | \$FORGIVEN |
| If bank loan, name of endorser or guarantor: | | Am | nount Endorsed: \$ | |
| | | Page Subtotal (| (Outstanding debt) | -0- |
| A debt or obligation must be shown on this Schedu | omplete on last page of Schedule s le if there was an outstanding a | showing amounts owed by or mount owed on it at the cic | | -0- Enter this total on line 12a "owed by"" or line 12b "owed to" of the |
| this Campaign Statement or it was forgiven during t | he period covered by this Camp | aign Statement. | - | Summary Page |



FIND PAISED SCHEDING AT

| FUND RAISER SC | | 1. Comm | ittee I.D. Number | 13 | 8663 | |
|--|--|---------------------|--------------------|-------------|-----------|--|
| CANDIDATE CO | MMITTEE | 2. Commi | ittee Name | CTE A | nthony | Wickersham |
| | - USE A SEPAR | ATE SHE | ET FOR EAC | CH EV | ENT - | |
| Date Event Was Held 5/23/12 | Number of Individuals or Participating (whichev greater) | Attending ver is | 5. Type of Fund Ra | | vity | 6. Address and Name (If any) of the place where the activity was held. |
| | 207 | | Boating/Di | inner | | Ovation 400 Maple Park, #4 |
| | | | | | | 480 |
| otal Contributions | -26,15 | 50.00 | | | | |
| ther Receipts | | | | | | |
| Pross Receipts (Add lines 7 a | and 8) 26,15 | 0.00 | | | | |
| Total Cost of Event | 10.32 | 26.60 | | | | |
| al Cost includes In-Kind Con | ntributions and All Exp | penditures M | lade For the Ev | /ent) | | |
| Check if event was a join | nt fund raiser and cor | mplete the fo | llowing: | | | |
| Co-Sponsor(s) | | tribution Spli | _ | | | F |
| Go oponicon(c) | CON | (%) | · | | | Expenditure Split (%) |
| | | | ··· | | | |
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| The committee is require period covered by the Ca | ed to file a separate F ampaign Statement | und Raiser S | Schedule for ea | ch fund | raising | event held during the |
| Receipts and expenditure | es listed on a Fund R | taiser Sched | ule must also b | e repor | ted on th | e Itemized Contributions |
| Schedule (1A), Itemized Summary Page. | in-Kind Contributions | Schedule (1 | 1-IK), Itemized | Expend | itures So | chedule (1B) and the |
| Each committee that part | ticipated in a joint fun | d raiser mus | t file a Fund R | aiser So | hedule f | or the event |



| FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE | | 1. Committee I.D. N | lumber13866 | 138663 CTE Anthony Wickersham | |
|--|--|------------------------|----------------------|---|--|
| | | 2. Committee Name | CTE Anth | | |
| | - USE A SEPAR | ATE SHEET FO | R EACH EVENT | - | |
| 3. Date Event Was Held | Number of Individuals or Participating (whicher greater) | | und Raising Activity | Address and Name (If any) of the place where the activity was held. | |
| 6/21/12 | 80 | Gol | f Fundraiser | Sycamore Hills 48787 North Ave. Macomb, MI Private Residence | |
| 7. Total Contributions | 13, | 945-00 | | | |
| 8. Other Receipts | | | | | |
| 9. Gross Receipts (Add lines 7 | and 8)13, | 945.00 | | | |
| 10. Total Cost of Event (Total Cost includes In-Kind Co 11. Check if event was a jo | ontributions and All Ex | | • | | |
| Co-Sponsor(s) | | tribution Split (%) | | Expenditure Split (%) | |
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- 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.



FUND RAISER SCHEDULE 1F

138663 1. Committee I.D. Number **CANDIDATE COMMITTEE** 2. Committee Name CTE Anthony Wickersham - USE A SEPARATE SHEET FOR EACH EVENT -4. Number of Individuals Attending 3. Date Event Was Held 5. Type of Fund Raising Activity 6. Address and Name (If any) of the or Participating (whichever is place where the activity was held. greater) Social Gathering 17th St Grill 6/27/12 3905 17 Mile, Ster Hgts., 70 MI 48310 Private Residence 8,375.00 7. Total Contributions 8. Other Receipts 9. Gross Receipts (Add lines 7 and 8) 8,375.00 10. Total Cost of Event 179.70 (Total Cost includes In-Kind Contributions and All Expenditures Made For the Event) 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.

Page 3 of 4



| FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE | | 1. Committee I.D. Number 138663 | | | | |
|--|---|---------------------------------|--|--|-----------------------|--|
| | | 2. Committee Name CTE Anthony | | | y Wickersham | |
| | - USE A SEPA | RATE SHI | EET FOR EAC | CH EVENT - | | |
| 3. Date Event Was Held | Number of Individuals Attending or Participating (whichever is greater) 12 | | 5. Type of Fund Raising Activity BBQ Fundraiser | 6. Address and Name (If any) of the place where the activity was held. 51715 Baker Road Chesterfield, MI 48047 XX Private Residence | | |
| 7/18/12 | | | | | | |
| | | , , , , , | | | Private Residence | |
| 7. Total Contributions | | 4,300.00 | | | | |
| 8. Other Receipts | <u> </u> | 1,,m+a | | | | |
| 9. Gross Receipts (Add lines 7 and 8) | | 4,300.00 | | | | |
| 10. Total Cost of Event (Total Cost includes In-Kind Co | ontributions and All | 1,001.86 Expenditures | Made For the E | vent) | | |
| ` 11. Check if event was a j | | | | | | |
| Co-Sponsor(s) | C | ontribution S (%) | Split | | Expenditure Split (%) | |
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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.