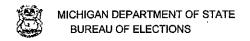
CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

| Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. | 3. This Statement | covers From: 7-23-12 | to _ 8-27-1 | 2 |
|--|-------------------------------------|--|----------------------------|---------------------|
| 1. Committee I.D. Number | 4. Candidate La | ····· | First Name | M.I. |
| 138663 | Wicke | rsham A | Anthony | M |
| 2. Committee Name | 4a. Office Sought | Including District # or Commi | unity Served (If applicab | ole) |
| 2. Commutee Name | Sheri | ff of Macomb Cour | ntv | |
| CTE Anthony Wickersham | 4b. County of Res | | , | |
| 5. Committee's Mailing Address | | me & Residential Address | | |
| PO Box 752 | Chris | tina Miller | | |
| Mt. Clemens, MI 48046 | | Copper Creek Cou | urt Table | 1 5 |
| • | | erfield, MI 48047 | | Sec. 1986 |
| Area Code and Phone | ľ | | Fig. 1 | Č |
| If the address in this box is different from the committee | | | ₽ 1.45 1 | |
| mailing address on the Statement of Organization, mail may be sent to this address by the filing official. | Area Code & Pho | _{ne} <u>(586) 524–447</u> | 76 in Eq. | grava |
| 7. Treasurer's Business Address | 8. Designated Re Designated Reco | ecord keeper's Name and Mai | iling Address (If the com | ımittee has a |
| 43565 Elizabeth Road | Designated Neod | na Reopery | 525 | F3 |
| Mt. Clemens, MI 48043 | S/A | | E A | ω . |
| | | | | |
| | | | | |
| (586) 469-6671 | | | | |
| Area Code and Phone | Area Code and P | hone | | |
| 9. TYPE OF STATEMENT | | | | |
| 9a. Pre-Election OR 9b. X Posi | l-Election | 9c. Annual Statement | (Coverage | Year) |
| | | Amendment to Cam | npaign Statement (Comp | oloto Itam On Oh On |
| Pre-Election or Post-Election Statement relates to: | | | ich Statement is being a | |
| X Primary Ger | neral | 9e. Dissolution of Cand | idate Committee | |
| | | Effective | Date of Dissolution | |
| Convention | nool | | | |
| Special | cus | | | |
| By checking this item, I/We certify that the committee has no assets of outstanding debts, including late filing fees. Further, I/We request that | | r, I/We request that if | | |
| Date of Election, Convention or Caucus | | the dissolution cannot be gra the Reporting Waiver. | anted, that this be consi | dered a request for |
| 8-07-12 | | Note: The disposition of resi | idual funds must be repo | orted on Schedule |
| A committee that does not have a Penorting Waiver must file all re | autred Campaign S | 1B and the Summary Page. | Statemente muet include | all applicable |
| A committee that does not have a Reporting Waiver must file all re Schedules. Direct contributions, in-kind contributions, loans, expe | nditures, and outsta | anding debts count against the | e \$1,000 Reporting Wai | ver threshold. |
| If any of the information listed in items 2, 4, 5, 6, 7, or 8 has chang amendment to the Statement of Organization should accompany t before the filling deadline of a required campaign statement, to | his Campaign State | ment. If a request for a Rependent cannot be waived. | porting Waiver is not re | eceived on or |
| 10. Verification: I\We certify that all reasonable diligence was used my\our knowledge and belief the contents are true, accurate and co | | · · · · · · · · · · · · · · · · · · · | | |
| | 11 | 1100 | = | |
| Current Treasurer or Designated Record keeper Christina Miller | 1 (M | Month | Date S/ | 30/12 |
| Type or Print Name | Signature | , //// | / | |
| | Cont | MWIL, | / 8/ | 30/12 |
| Candidate Anthony M. Vickersham Type or Print Name | Signature | <u> </u> | Date | 2110 |
| Type of Finitivalite | Jugitatule | | | |



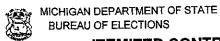
| 1. Committee 1.D. Number 130003 | 1. Committee I.D. Number | 138663 | |
|---------------------------------|--------------------------|--------|--|
|---------------------------------|--------------------------|--------|--|

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name ____

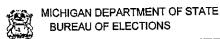
CTE Anthony Wickersham

| CANDIDATE COMMITTEE | | <u> </u> |
|---|----------------------------|--|
| RECEIPTS | Column I This Period | Column II Cumulative this election cycle |
| 3. Contributions | THE FEILER | James States System |
| a. Itemized (Schedule 1A - Column 6) | (3a.) \$ 33,690 | _ |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$NOT APPLICABLE | |
| c. Subtotal of "Contributions" | (3c.) \$ 33,690 | (18.) \$ 250,945.00 |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$02 | (19.) \$ |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ <u>33,690.02</u> | (20.) \$ 250,945.02 |
| 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.) \$ 15,767.24 | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) \$ | |
| c. Unitemized (less than \$50.01 each - no Schedule) | (8c.) \$155,83 | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$15,923.07 | (23.) \$ 181,689.20 |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | |
| Disbursements a. Itemized (Schedule 1C, Column 6) | (10a.) \$ 4,596.46 | |
| b. Unitemized (less than \$50.01 each - no Schedule) | (10b.) \$ | |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | (11.) \$ 4,620.45 | (24.) \$ <u>17,153.34</u> |
| DEBTS AND OBLIGATIONS 12. Debts and Obligations | (11.) \$ | (24.) 4 |
| a. Owed by the Committee (Schedule 1E) | (12a.) \$ | |
| b. Owed to the Committee (Schedule 1E) | -0- | |
| | (12b.) \$BALANCE STATEMENT | |
| 13. Ending Balance of last report filed | (13.) \$ 38,955.98 | <u></u> |
| (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period | (14.)+\$ 33,690.02 | |
| (Line 5, Total Contributions & Other Receipts) | (15.) = \$ | |
| 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period | (16.) - \$ 20,543.52 | |
| (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ <u>52,102.48</u> | * |



1. Committee I.D. Number __138663

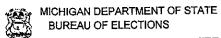
| CANDIDATE COMMITTEE 2. Committee Name | re Anthony Wi | CKETSHAM |
|--|-------------------------|--|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an 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? VYES 4. Date of Receipt 8/10/12 Name & Address: 3M Company PAC 3M Center PAC Strawl, MN 5 5/4 | <u>\$ 250</u> | : 250 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Employer | | |
| Business Address Type of Contribution: Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/25/12 Name & Address Dominic Abbatl 2500 Royalview Dr. Oakland, MI 48363 5. If over \$100.00 cumulative, please provide: Occupation Archital Employer Wakey Associates Business Address 30500 Van Dyke Warren, MI 4809 Type of Contribution: Direct Loan from a person Fund Raiser | | \$ 975 or Memo Itemization |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/25/12 Name & Address: Cy Abdo 2719 Haw thom Dr. 5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer Cy Abdo Attorney at Business Address 1255 Garfield Ste. 10 44 Clinton W. Type of Contribution: Direct Loan from a person X Fund Raiser | Law | s 1 50 or Memo Itemization |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 8/6/12 Name & Address Jim Arnone 47696 Beacon Square Macomb, MI 48044 5. If over \$100.00 cumulative, please provide: | \$ /00 Click Here fo | s /00 |
| Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser | 1 000 | _ |
| Page Subtota Grand Total of All Schedules 1/ (Complete on last page of Schedule Page | A 1.00 | y |



1. Committee I.D. Number __138663

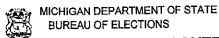
CTE Anthony Wickersham **CANDIDATE COMMITTEE** 2. Committee Name 7. Cumulative for Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount Election Cycle for Each middle initial. Check box to indicate if contribution is from a Political Committee or an independent Contributor (Through Committee (PAC) Report all contributions regardless of amount. date of receipt) 4. Date of Receipt PAC Receipt? YES 3. Contribution #1 Name & Address: 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation INO() Employer, Business Address Fund Raiser Loan from a person Type of Contribution: Direct 4. Date of Receipt 3. Contribution #2 PAC Receipt? Name & Address 50383 Heatherwood Lane Click Here for Memo Itemization Employer. Occupation <u>OW</u> N/ Business Address , 5 **Fund Raiser** Type of Contribution: Loan from a person Direct 4. Date of Receipt 3. Contribution #3 PAC Receipt? Name & Address: 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer_ Occupation Business Address Loan from a person **Fund Raiser** Direct Type of Contribution: PAC Receipt? 4. Date of Receipt 3. Contribution #4 Name & Address 5. If over \$100.00 cumulative please provide: Click Here for Memo Itemization Employer Occupation_ Business Address Fund Raiser Loan from a person Type of Contribution: Direct Page Subtotal

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



| CANDIDATE COMMITTEE 2. Cor | nmittee NameCT | 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 at Committee (PAC) Report all contributions regardless of amount. | name, first name, n 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: Shn Bologna | 1/25/12 | | |
| 19135 Saxon Banch 11110 M1 48025 | | <u> 200</u> | £ 575 |
| 5. If over \$100.00 cumulative, pease provide: Occupation Employer_Ind. Contract | ter · | Click Here fo | or Memo Itemization |
| Came | | | |
| Dusiness Address | Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt | (25//2 | | |
| Name & Address | 100/100 | | |
| Thomas Borgula. 4079 Jacquelynn Ct. | | s 200 | s 570 |
| Rochaster MI 48306 | | · | · · · · · · · · · · · · · · · · · · · |
| 5. If over \$100.00 cumulative, please provide: | L Dont O | Click Here fo | or Memo Itemization |
| Occupation Orthodontist Employer Stony Cree | - 12H/22 | oli | |
| Business Address 5805 24 Mile Rd. Skelby Ju | p, MI 483 | 016 | |
| Type of Contribution: Direct Loan from a person X Fund | l Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt | 1/25/12 | | |
| Brian Borowski | <i>'</i> / | · /m 0 | |
| 5 Seabreege Dr. | | \$ | 5 20S |
| Harrison Jup, M1 48045 5. If over \$100.00 cumulative, please provide: | | Click Here fo | r Memo Itemization |
| 5. If over \$100.00 cumulative, please provide: | | | |
| Occupation Own Employer Premier | <u>nis No.</u> . M I 48061 | r _a | |
| Business Address 280 6 Orolobeck Koskyi II-6 Type of Contribution: Direct Loan from a person X Fun | d Raiser | | |
| 3. Contribution #4 PAC Receipt? X YES 4. Date of Receipt | 7125/12 | | |
| Name & Address Brick layers Local No. Mi | ichican PAC | | |
| Name & Address Brick layers Local No. 1 Mi 21031 Ryan Road | 3 | s /00 | . 757 |
| Warnen, MI 48091 | | \$ 700 | \$ 750 |
| 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 | | |
| | Page Subtotal | 600 | _ |
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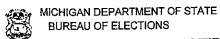
Page 3 of 25



1. Committee I.D. Number 138663

| SOILEDGEL 1A | 1000 TAR | -1bon |
|---|--------------------------------|--|
| CANDIDATE COMMITTEE 2. Committee Name _ | CTE 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 <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 7/25/13 lame & Address: Tean Ann Bug a jewski 16982 Stewart Crt. Cinton Tup, MI 48038 | \$ 300 | : 690 |
| 5. If over \$100.00 cumulative, please provide: DescriptionEmployer_Self employed | Click Here fo — | or Memo Itemization |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/25/1 Julia Cailotto 15441 Yall Clinton Tup, MI 48083 5. If over \$100.00 cumulative, please provide: | \$ <u>/00</u> Click Here fo | s / O O |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 38059 Mast Society of Contribution: PAC Receipt? YES 4. Date of Receipt 1/25/ Name & Address: Rebecca Campbell 38059 Mast Harrison Tuc, MI 48045 Employer L'Ansl Creuse Sch Business Address 38000 Remiold Harrison Tuc, MI Type of Contribution: Direct Loan from a person Fund Raiser | ools | _{\$} <u></u> ② <i>o</i> <u></u> か |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/25// Name & Address MANY LOV Champaght 48193 Kir kwood Clinton Tup M1 48038 5. If over \$100.00 cumulative, please plovide: Occupation Find Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser | \$ 500 Click Here fo | s 540 or Memo Itemization |
| Page Su | btotal 1,100 | |

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

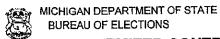


1. Committee I.D. Number 138663

line 3a of Summary

Page.

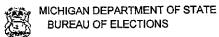
| CANDIDATE COMMITTEE 2. Committee Name | CTE Anthony Wickersham |
|--|--|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an independent Committee (PAC) Report <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 7/25/16 Jame & Address: Paul Chirco 3045 Harrowway Shely Tury MP 48316 | <u>\$ /00 </u> |
| 5. If over \$100.00 cumulative, whease provide: | Click Here for Memo Itemization |
| Business Address Type of Contribution: Direct Loan from a person Fund Raiser | _ |
| PAC Receipt? YES 4. Date of Receipt 7/25/12 Name & Address Deborah Condino 3710 The monte Cochester, MI 48306 5. If over \$100.00 cumulative, please provide: Occupation Site Admin Employer St. John Business Address I 800 12 Mile Rd. Warnen, MI 4809: Type of Contribution: Direct Loan from a person Fund Raiser | \$\$ |
| S. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/25/12 Name & Address: Wendy Couture 3 15 18 Share SCS, MI 48082 5. If over \$100.00 cumulative, please provide: Occupation Own Employer Wendy Wild Stylz Business Address 40110 Hayes Class Tup, MI 4803 Type of Contribution: Direct Loan from a person Fund Raiser | \$ <u>/00</u> \$ <u>300</u> Click Here for Memo Itemization |
| Type of Contribution: Direct Loan from a person Fund Raiser | \$\frac{100}{\$\ \alpha \ \alpha \alpha \alpha \ \alpha \alpha \ \alpha \alpha \alpha \alpha \alpha \ \alpha \alpha \alpha \alpha \alpha \alpha \alph |
| Page Sub Grand Total of All Schedules (Complete on last page of Sched | 3 1A |



1. Committee I.D. Number 138663

| CANDIDATE COMMITTEE 2. Committee Name | E Authory wr | CKETSHam |
|--|--------------------------------|--|
| 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 7/25/12 Name & Address: Angelo D'Alessandro 13'046 Ruby Dr. | s /60 | s 800 |
| 5. If over \$100.00 cumulative, please provide: Occupation OUNLA Employer Lango Construction Business Address 28135 Gracobeck Poseur Loan 48066 Type of Contribution: Direct Loan from a person Fund Raiser | Click Here fo | or Memo Itemization |
| S. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/25/12 Name & Address Gary D'Alessandro 1795 S Tris Civale Clinton Tup, MI 48036 5. If over \$100.00 cumulative, please provide: Occupation Owner Employer Lango Construction Business Address 2813 5 Groenbeck Populle, MI 48066 Type of Contribution: Direct Loan from a person Fund Raiser | | \$ <u>1,950</u> or Memo Itemization |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/25/12 Name & Address: Michael Devault 7910 Waltrs Rd. Langs Wrg., M. 148848 5. If over \$100.00 cumulative, please provide: Occupation Super intended Employer MISD Business Address Type of Contribution: Direct Loan from a person Fund Raiser | \$ <u>/00</u> Click Here fo | s <u>200</u> r Memo Itemization |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/20/12 Name & Address Donald Domin 2128 Zincocross Shelly Tup M 48316 5. If over \$100.00 ctimulative, please provide: Occupation Fire Fight Employer City of Defroit Business Address 300 Bearb Nen De Vroit, M 4820 Type of Contribution: Direct Loan from a person Fund Raiser | \$ /00 Click Here fo | \$ 200 r Memo Itemization |
| Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) | 550 | |

Page 6 of 25



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, 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 7/25//6 Name & Address: Kay Ko Kesh | 2 | |
| 410345 Belvidere Harrison Pup, MI 48045 | <u>\$ 1,500</u> | s 1,500 |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | r Memo Itemization |
| Occupation AdmIN Employer DAIC (CC | this some | |
| · [[] 1)24 | M148051 | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| B. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/25//2 | - | į |
| 211c toster 41700 Conger Buy Dr. | s 100 | s 750 |
| iducciona 1200 1011180V5 | · | · |
| 5. If over \$100.00 cumulative, please provide: To 110,000 | Click Here fo | r Memo Itemization |
| Occupation Marina Over Employer Belle Maer | | |
| Business Address 41700 Concer Bay Pr. Harrison Tup, 1 | 1148047 | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/25/16 | <u>2</u> | |
| (Varnot) (Horal . | | |
| 19634 westerester | \$ 200_ | <u>\$ 200</u> |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Employer Self employed | | |
| Occupation Employer | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/25/12 | | |
| Name & Address GLM PAC | | |
| 1000 woodbridgest. | \$ 300 | 600 |
| Defat MI 08207 | \$,000 | <u>\$_000</u> |
| 5. If over \$100.00 cumulative, please provide: | Click Here for | Memo Itemization |
| Occupation Employer | _ | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Page Subto | Dtal 2,100_ | _ |
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Grand Total of All Schedules 1A (Complete on last page of Schedule)

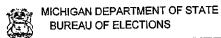


CANDIDATE COMMITTEE

138663

| 1. Committee I.D. Num | ber | |
|-----------------------|------------------------|--|
| 2 Committee Name | CTE Anthony Wickersham | |

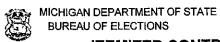
| CANDIDATE COMMITTEE 2. Committee 1 | NameCTE Anthony Wickersham |
|---|---|
| Enter contributor's name and address. If contribution is from an individual, enter last name, fi middle initial. Check box to indicate if contribution is from a Political Committee or an Indepe Committee (PAC) Report <u>all</u> contributions regardless of amount. | first name, 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 Name & Address: Steven Gold | 25/12 |
| 13340 Baltour Hurren Woods, MI 48070 | s 100 s 240 |
| Harpen Woods, MI 48070 5. If over \$100.00 cumulative, please provide: Occupation Divector Hauth. Pemployer Maromb County | Click Here for Memo Itemization |
| Business Address 43525 Ell yabeth Mt. Clemens, M. Type of Contribution: Direct Loan from a person Trund Raiser | 11 48043 |
| PAC Receipt? YES 4. Date of Receipt 7/2 Name & Address Anthony Gusmano 55332 Macintosh Shelly Two M1 48316 5. If over \$100.00 cumulative, please provide: | \$ /OO \$ /OO Click Here for Memo Itemization |
| Occupation Employer | · |
| Business Address | |
| Type of Contribution: Direct Loan from a person Fund Raiser | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/27 Name & Address: Trady Hartwell AL29/ Barbara LOSEVILLE, M/480/66 5. If over \$100.00 cumulative, please provide: Occupation Employer | \$ 20 \$ 20 Click Here for Memo Itemization |
| Business Address Loan from a person Fund Raiser | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/2 Name & Address Organy Hill 35328 VITO Sterling Heights, MI 48310 5. If over \$100.00 cumulative, please provide: Occupation Officer Employer Sterling Heights Business Address 40333 Podge Park Sterling He | \$ 100 \$ 120 \$ 100 \$ 120 P.D. Click Here for Memo Itemization P. M. 48313 |
| Type of Contribution: Direct Loan from a person Furid Raiser | Page Subtestal 225 |
| Grand Total of All S | |



| 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 <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 7/25/12 Name & Address: Mary To Imbronone 520/8 Harmstore Mach MI 48042 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address | \$ 100 \$ 100 Click Here for Memo Itemization |
| Type of Contribution: Direct Loan from a person Fund Raiser | |
| Rame & Address Catherine Inbronunce 14362 Bournemuth Shew Top, M1 48315 Occupation Bus. Owner Employer India Gunty House Business Address 50828 North Ave. Macamb, M1 48 Type of Contribution: Direct Loan from a person Fund Raiser | * 250 \$350Click Here for Memo Itemization |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/25/ Name & Address: Tron Worker Local 25 PAC 3115 Joyu 51. 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address | \$\frac{100}{00} \shanksquare \frac{350}{00}\$ Click Here for Memo Itemization |
| Type of Contribution: Direct Loan from a person Fund Raiser | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt Name & Address Andrea Suckly n 969 Hunting to Clemens MI 18043 5. If over \$100.00 cumulative, please provide; Occupation Attacher Employer Macomb Count Business Address Onl South Main Mt. Clemens MI Type of Contribution: Direct Loan from a person Fund Raiser | S /OO \$ 195 Click Here for Memo Itemization |
| Page Sub | total 550 |

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

Enter this total on



CANDIDATE COMMITTEE

1 22663

| 1. Committee I.D. Num | ber | 130003 | | |
|-----------------------|-----|-----------|------------|--|
| | | | | |
| 2 Committee Name | C] | E Anthony | Wickersham | |

| CANDIDATE COMMITTEE | 2. Committee Name | CTE Anthony Wie | ckersham |
|---|---|--------------------------|--|
| Enter contributor's name and address. If contribution is from an individual, et middle initial. Check box to indicate if contribution is from a Political Committe (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 Name & Address: William Davis | 7/23/15 | 2 | |
| 49557 Compass fointe Chesterfield, MI 48047 | | <u> 150</u> | \$ 300 |
| 5. If over \$100.00 cumulative, please provide: | | Click Here fo | or Memo Itemization |
| Business Address 41800 Executive Dr. Har | rasan Dup.N | 11 48045 | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | 11 -100 10 | |
| B. Contribution #2 PAC Receipt? YES 4. Date of Receipt | 7/23/16 | 2 | |
| 24504 willowby | | <u>\$ 40</u> | <u>\$ 40</u> |
| East pointe, MI 48021 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 | | <u> </u> |
| 3. Contribution #3 PAC Receipt? TYES 4. Date of Receipt Presser 4. Date of | * <u>8/6/12</u> | \$ 25 Click Here for | \$_45 Memo Itemization |
| Occupation Employer | | | |
| Business Address Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| B. Contribution #4 PAC Receipt? YES 4. Date of Recei | pt 7/25/16 | 2 | 9. mm |
| 6910 W. Coates St. Ronlo M 48065 5. If over \$100.00 cumulative, please provide: Occupation NUCL Employer Male | a ngn | \$ /00 Click Here for | \$ 455 Memo Itemization |
| | nens, MI480 Fund Raiser | 43 | |
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Page 10 of 25

line 3a of Summary Page.

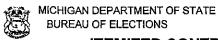


1. Committee I.D. Number 138663

line 3a of Summary

Page.

| CANDIDATE COMMITTEE 2. Committee Name | CTE Anthony 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? YES 4. Date of Receipt 7/23//eName & Address: Ardrew Kassab | 2 |
| 5. If over \$100.00 cumulative, please provide: Securation 100.00 cumulative, please provide: Securation 100.00 by Employer Macon b Guit | £ 50 £ 50 |
| Occupation Page Bright Employer Maconb Court | Click Here for Memo Itemization |
| Business Address 150th Man Mt. Cemens, MI (80) Type of Contribution: Direct Loan from a person Fund Raiser | 43 |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/25// |) |
| Name & Address Linda Kelley 17667 Moors | 15.5 |
| 17667 Moors | \$_/ <i>00</i> \$_/00 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for Memo Itemization |
| Occupation Employer | |
| Business Address | |
| Type of Contribution: Direct Loan from a person Fund Raiser | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/25/16 Name & Address: Where Kirk | 2 |
| 37539 Hidden Valley Cot. | \$ 500 \$ 500 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for Memo Itemization |
| Occupation Acct. Man. Employer TRW Business Address Address Address Direct Loan from a person Fund Raiser | gM14833S |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/25/ | 12 |
| Name & Address Renneth Kvehnel 52488 Westcreek | 100 05 |
| Macomb, M1 48042 | \$ 100 \$ 75 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for Memo Itemization |
| Occupation bwe Coal Employer Macomb County | |
| Business Address Direct Loan from a person Fund Raiser | סיי |
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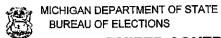


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CANDIDATE COMMITTEE

CTE Anthony Wickersham 2 Committee Name

| Z. Sommittee Warie | <u> </u> | |
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| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7/25//2 Name & Address: Don Kuhn P.O. Box 1309 Kal kaska, MI 49646 5. If over \$100.00 cumulative, please provide: Occupation Duney Employer Kuhns Construction Business Address 22 Davis Rd. Boyne Cty, MI 49712 Type of Contribution: Direct Loan from a person Fund Raiser | \$ <u>/00</u> Click Here fo | \$ 395 or Memo Itemization |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/25/2 Namie & Address Amante Langon 37741 Huron Pointe Harrison Tup, M1 48045 5. If over \$100.00 cumulative, please provide: Occupation Operator Employer Detroit Boiles Business Address 243 Blawfart Detroit, M1 48207 Type of Contribution: Direct Loan from a person Tound Raiser | \$ <u>/00</u> Click Here fo | \$ <u>550</u> r Memo Itemization |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/25/12 Name & Address: Michael Catella 54838 Glen Oaks Shelby Dup, M48315 5. If over \$100.00 cumulative, please provide: Occupation Pather Employer Garden Fresh Salso Business Address 50 S Bunner Fendale, M148220 Type of Contribution: Direct Loan from a person of Fund Raiser | | \$ |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/25/12 Name & Address Pame la Lavers 27870 Lavers 37870 Lavers 4. Date of Receipt 7/25/12 Direct YES 4. Date of Receipt 7/25/12 A Date of Receipt 7/25/ | \$ <u> </u> | \$_22.5 Memo Itemization |
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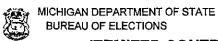


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|--|---------------------------------------|--|
| CANDIDATE COMMITTEE 2. Committee Name _ | CTE Anthony Wi | ckersham |
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. | 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 | 2 | |
| 31046 Leota Fraser, M1 48026 5. If over \$100.00 cumulative, please provide: | : 25 | : 25 |
| 5. If over \$100.00 cumulative, please provide: Occupation Employer | Click Here f | or Memo Itemization |
| Business Address Type of Contribution: Direct Loan from a person Fund Raiser | | |
| S. Contribution #2 PAC Receipt? TYES 4. Date of Receipt 7/25//c. Name & Address LOCAL 3317 PAC 38550 Garfield Clinton Turk M 48038 5. If over \$100.00 cumulative, please provide: | \$ 500 Click Here fo | \$_500 or Memo Itemization |
| Occupation Employer | | |
| Business Address | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/25/ Name & Address: Pamela Lombardo 11473 Buy berry Dr. Bruce Turp, M148065 5. If over \$100.00 cumulative, please provide: Occupation 100 Sluife Employer Business Address | \$ <u>200</u> Click Here fo | s 550 or Memo Itemization |
| Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/25/16 Name & Address Hency Luks 18738 Rock port 5th Cose of Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/25/16 18738 Rock port 5th Cose of Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/25/16 18738 Rock port 5th Cose of Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/25/16 Security Secur | \$ /00 \$\frac{100}{21} | s <u>/25</u> or Memo Itemization |
| Type of Contribution: Direct Loan from a person Page Sub | ototal (25 | |
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Grand Total of All Schedules 1A (Complete on last page of Schedule)

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Page 13 of 25

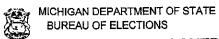


1. Committee I.D. Number 138663

| 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? TYES 4. Date of Receipt 8/6/12 Name & Address: Macomb Leadership PAC 52466 Windsor | - 9700 9700 |
| 5. If over \$100.00 cumulative, please provide: | Click Here for Memo Itemization |
| Occupation Employer | Click Flore for World Rollization |
| Business Address Type of Contribution: Direct Loan from a person Fund Raiser | |
| S. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/25/12 Name & Address Mike Magnoli 6402 Bay pointe Dr. Unshing to, MI 48094 5. If over \$100.00 cumulative please provide: Occupation By Ida Employer Michael Angelo Construct Business Address 59227 Van Dyke Washing ton, MI 480 Type of Contribution: Direct Loan from a person X Fund Raiser | |
| S. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/25/12 Name & Address: Pet Marrocco IMAL Heatherwood Shelby Tup, MI 48315 Shelby Tup, MI 48315 Deccupation Onshirt O Employer Duro Construction Business Address 5/985 Mayes Shelby Tup, MI 48315 Type of Contribution: Direct Loan from a person Fund Raiser | \$ 100 \$ 300 Click Here for Memo Itemization |
| Address Dvahi Maty 131 S. Hightund Mt. Clemens, MI 48043 5. If over \$100.00 cumulative, please provide: Occupation Mechanic Employer March County Business Address 4366 Elizabeth Mt. Clemens, MI 48047 Type of Contribution: Direct Loan from a person The Fund Raiser | \$ 200 \$ 410 Click Here for Memo Itemization |
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Page 14 of 25

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



CANDIDATE COMMITTEE

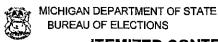
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| mmittee | I.D. | Number | 12000 | - |
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CTE Anthony Wickersham

| CANDIDATE COMMITTEE 2. Committee Name | CTE Anthony Wickersham |
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| 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. | ame, 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7/25/Name & Address: Timothy McConahy 1981 Crosswick Rd. | 12 |
| Bloom field, MI 48301 | <u> 200 </u> |
| Occupation / Horney Employer / Conarty / Moyo | Click Here for Memo Itemization |
| Business Address 376 E. Maple Birmingham, MIY Type of Contribution: Direct Loan from a person Fund Raiser | 10001 |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/23/ | 12 |
| Name & Address Donald Mentlikowski 21216 Ardmore Prk. | <u> </u> |
| 5. If over \$100.00 cumulative, please provide: | Click Here for Memo Itemization |
| Occupation Employer | _ |
| Type of Contribution: Direct Loan from a person Fund Raiser | _ |
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| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/25/ | 12 . 100 . 250 |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/25/Name & Address: Stephen Messina 6386 Autom Rd. | \$\\ \langle 00 \text{250}\\ Click Here for Memo Itemization |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/25/ Name & Address: Stephen Messina 6386 Autum Rd Shelly The MI 48317 5. If over \$100.00 cumulative, Please provide: Occupation Our Employer Messina Trucking | <u>s 100</u> <u>s 250</u> |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/25/Name & Address: Stephen Messina 6386 Aviorn Rd. Shell The Messina 148317 5. If over \$100.00 cumulative, please provide: Occupation Ourse Employer Messina rucking Business Address 54990 Shewood (and Shelly The Messiness Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/25/Name & Address Sames Meyerand Licas and Contribution | s 100 s 250 Click Here for Memo Itemization M148315 |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/25/ Name & Address: Stephen Messina 1830 Aviour Rd. Shelly Typ, MI 48317 5. If over \$100.00 cumulative, please provide: Occupation Our Employer Messina rucking Business Address 54990 Sherwood (and Shelly Typ, 1990) Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/25/ Name & Address Sames Meyerand Name & Address Sames Meyerand | \$ 100 \$ 250 Click Here for Memo Itemization |
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| Address: Stephen Messina (386 Aviorn Rd.) 5. If over \$100.00 cumulative, please provide: Occupation Direct Documentative, please provide: 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7/25/ Name & Address Dames Meyerand (2012) 1. Date of Receipt 7/25/ 2. Date of | \$ |
| Address: Stephen Messina (386 Aviorn Rd.) 5. If over \$100.00 cumulative, please provide: Occupation Direct Documentative, please provide: 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7/25/ Name & Address Dames Meyerand (2012) 1. Date of Receipt 7/25/ 2. Date of | Subtotal LAO |

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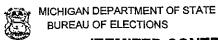


138663 1. Committee I.D. Number

CTE Anthony Wickersham CANDIDATE COMMITTEE 2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 7. Cumulative for 6. Amount 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: Click Here for Memo Itemization Occupation Employer **Business Address** Type of Contribution: Direct Fund Raiser Loan from a person 3. Contribution #2 PAC Receipt? 4. Date of Receipt Name & Address 500 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 3. Contribution #3 PAC Receipt? 4. Date of Receipt Name & Address: Click Here for Memo Itemization Occupation Business Address Loan from a person Type of Contribution: Fund Raiser 3. Contribution #4 4. Date of Receipt Name & Address 5. If over \$100.00 cumulative, please pr Click Here for Memo Itemization Occupation, Employer **Business Address** Type of Contribution: Loan from a person Fund Raiser Direct Page Subtotal Grand Total of All Schedules 1A

Page 16 of 25

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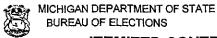
1. Committee I.D. Number 138663

| CANDIDATE COMMITTEE 2. Committee Name | II. Anthony Wi | CKETSHAM |
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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 <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 7/25/12 lame & Address: Joseph Navghton 6240 Oak Ridge | . 100 | . /^^ |
| 5. If over \$100.00 cumulative, please provided | Click Here f | or Memo Itemization |
| Business Address Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/25//2 | | |
| John Nitz 57477 Willow Way Ct. | <u> 100</u> | <u>\$ 375</u> |
| 5. If over \$100.00 cumulative, please provide: Comparison Attaches Employer O'Reilly Parcillo PC | Click Here f | or Memo Itemization |
| Business Address 12900 Halled. Ste 350 Sterling Height | b, MI 4831 | 16 |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| Name & Address: Michael Nolan | • | |
| 49926 Willowood Pr. | \$_/00_ | : 250 |
| Macomb, MI 480 44 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Occupation Director Employer (brehows) Business Address 3 Mis (ex) St. Mt. Clemens, M. 48045 Type of Contribution: Toirect Loan from a person Fund Raiser | 3 | |
| Stacy O'Brien 4. Date of Receipt 7/25/12 Stacy O'Brien 42988 Billand Or | 200 | . 40 <i>0</i> |
| 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Business Address 435765 Elizabeth Mt. Chmens, M 48043 | , | |
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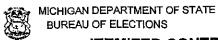


1. Committee I.D. Number 138663 *

| CANDIDATE COMMITTEE | | | 2. Committee NameCTE Anthony Wicke | | ckersham |
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| middle initial. Che | name and address. If c | ontribution is from an individual, ribution is from a Political Comm | enter last name, first name, | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| | Donald O'de | ell wer Rd. | eipt 7/23/12 | 25 | < Δ |
| 5. If over \$100.00 | darrison Tu cumulative, please pro | P,M1 43045 vide: | | S Click Hara f | or Memo Itemization |
| Occupation | | _ Employer | · | - Olick Here I | or Memo Remization |
| Business Address Type of Contribution | on: Direct | Loan from a person | Fund Raiser | | |
| 5. If over \$100.00 Occupation Business Address Type of Contributio 3. Contribution #3 Name & Address: | hinay Micumulative, please proventing of the description of the part of the pa | Loan from a person YES 4. Date of Rece COUSKI | Fund Raiser | \$ <u>/00</u> Click Here fo | \$ 295 or Memo Itemization |
| 5. If over \$100.00 of Occupation | Cumulative, please prov | 48044 Employer <u>Macon</u> <u>E112abeth Mt</u> Loan from a person 7 | Sheriff Clemens, M Fund Raiser | | r Memo Itemization |
| 3. Contribution # 4 Name & Address | PAC Receipt? Michael P 11522 W Washington Communicative, please provi | TYES 4. Date of Record Highio 1907 Wheel Ch. Typ, MI 48094 Hide: Employer Florence | eipt 7/25/1 | \$ / 00 Click Here for | \$ 300 Memo Itemization |
| Business Address _ Type of Contribution | 12798 23/ | Mile Shelby / | Fund Raiser Page Subto | tal 325 | |

Page 18 of 25

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



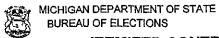
1. Committee I.D. Number 138663 3

| SCHEDULE IN | 1.22-41 | |
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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 nam 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 7/23//2 Name & Address Shari Ann Raby 31962 Williams burg Pr. 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser | \$ /O 6 Click Here fo | \$ /00 or Memo Itemization |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/25/6 Name & Address Address Address Westchester 19798 Westchester 5. If over \$100.00 cumulative, please provide: Occupation Self Employed Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser | \$\$ Glick Here fo | \$ 200 or Memo Itemization |
| | \$ /00 Slick Here fo Westick M1 48315 | \$ 625 r Memo Itemization |
| Business Address PAC Receipt? YES 4. Date of Receipt 7/25 Business Address PAC Receipt? YES 4. Date of Receipt 7/25 PAGE 10055Man Syll Queens porough pr. Shelby Jup, MI 48315 Employer Henry Ford Business Address 2799 W. Grand Blvd. Defort, MI 486 Type of Contribution: Direct Loan from a person Fund Raiser | \$ 350 Click Here fo | ss r Memo Itemization |
| Type of Contribution: Direct Loan from a person Pullu Raisei Page Sut | btotal 250 | |

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

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Page 19 of 25



CANDIDATE COMMITTEE

138663

| committee | LD. | Number | 120002 | |
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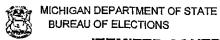
CTE Anthony Wickersham

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| CANDIDATE COMMITTEE 2. Committee Name | E Anthony Wickersnam |
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| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. | 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7/25//2 Name & Address: Tames Sun + III | |
| 45668 Cakeview Dr. Apt. 10305 Macom b. M. 48044 5. If over \$100.00 cumulative, please provide: | <u>\$ 250</u> <u>\$ 500</u> |
| Occupation Exec. Director Employer Traffic Imp. ASSOC. | Click Here for Memo Itemization |
| Business Address 1827 No Squire Road Auburn Hills, MI Type of Contribution: Direct Loan from a person Fund Raiser | 48326 |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/25/12 Name & Address Alphonse Santino | |
| 725 Cakeshore GPS, MI 48236 | <u>\$ 100 </u> |
| 5. If over \$100.00 cumulative, please provide: Occupation MD Employer Michigan Ins. Unolgy Business Address 12 Mile Rd. SCS, MI 48081 | Click Here for Memo Itemization |
| Type of Contribution: Direct Loan from a person Fund Raiser | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 8/6/12 Name & Address: Stephen Suph Tr. | 200 (2) |
| 68 Clinton St. Mt. Clemens, MI 48043 5. If over \$100.00 cumulative, please provide: Occupation Insurance Sales Employer Vickel Saph Business Address 44 Macomb Mt. Clemens, MI 48043 Type of Contribution: Tipe Direct Loan from a person Fund Raiser | Click Here for Memo Itemization |
| 5. If over \$100.00 cumulative, please provide: Occupation They and Sales Employer Vicker Sach Business Address YY Macon b Mt. Clemens, M1 48043 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/35/12 Name & Address Joy Cle Shelling 3. Shelling 3. Fover \$100.00 cumulative, please provide: Occupation Letter Clemens, M1 48317 Employer Employer | Click Here for Memo Itemization \$ 200 \$ 450 Click Here for Memo Itemization |
| 5. If over \$100.00 cumulative, please provide: Occupation They and Sales Employer Vickel Sales Business Address Y Macomb Mt. Clemens, M1 48043 Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/25/12 Name & Address Doy Cle Shelling 3. Shelling 5. If over \$100.00 cumulative, please provide: | £200 £450 |

Page 20 of 25

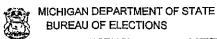


1. Committee I.D. Number 138663

| CANDIDATE COMMITTEE | 2. Committee Name | CTE Anthony Wi | ckersham |
|---|---|--|--|
| Enter contributor's name and address. If contribution is from an individua middle initial. Check box to indicate if contribution is from a Political Committee (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) |
| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt? A Date of Receipt? YES 4. Date of Receipt? YES 4. Date of Receipt? XES 4. Date of Receipt? | eipt 7/25//2 | | |
| 5. If over \$100.00 cumulative, please provide: | 3310 | <u>\$ 100</u> | <u>: 340</u> |
| Occupation Manager Employer Coreat | Lakes Billing | Click Here fo | or Memo Itemization |
| Business Address Type of Contribution: Direct Loan from a person | by Tup, M1 48 Trund Raiser | 317 | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt? | | ······································ | · · · · · · · · · · · · · · · · · · · |
| Name & Address William Sower by | 7 7.5 | _ | |
| 37860 Saddle Lane | | s <u>/00</u> | s_175 |
| 5. If over \$100.00 cumulative, please provide: | | Oliale I tama fa | |
| Occupation Measurer Employer Charter | Tup.of Clint | Click Here to | r Memo Itemization |
| | enTup., M148 | · _ | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt PAC Receipt? | eipt 7/25/12 | <u> </u> | |
| Sterling PACION | , , | 1.000 | 2261 |
| 357100 Mound Ra. Sterling Heights, MI 483 | Olo Olo | \$ 1,000 | \$ 2/250 |
| 5. If over \$100.00 cumulative, please provide: | | Click Here for | Memo Itemization |
| Occupation Employer | <u> </u> | | |
| Business Address Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Rec | $\frac{1}{2}$ eipt $\frac{7}{3}$ | | |
| Name & Address VITO Strolis | 7700710 | • | |
| 19879 Westchester | | s 300 | · 21791 |
| 5. If over \$100.00 cumulative, please provide: | | | ¥ |
| Occupation OWN Employer Kven | es Towing | Click Here for | Memo Itemization |
| Business Address 205 N. Bound Coration Mt | . Clemens MI | 48043 | |
| Type of Contribution: Direct Loan from a person | Fund Raiser | | |
| | Page Subtota | 1,500 | |

Page 21 of 25

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



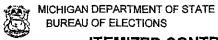
CANDIDATE COMMITTEE

1. Committee I.D. Number 138663

| | CTE | Anthony | Wickersham |
|-------------------|-----|---------|------------|
| 2. Committee Name | CLE | Auchony | MICKELDHem |

| 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 7/25/12 Name & Address: JOSEPH Suida IN 19 Hunting turboods Macomb, My8042 5. If over \$100.00 cumulative, please provide: Occupation Ceticed Employer Business Address | \$/00 \s/20 \cdot \langle Click Here for Memo Itemization |
| Type of Contribution: Direct Loan from a person Fund Raiser | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/25/12 Name & Address COPOZDO SWETECH 43868 SCOTEC CONE Clinton Turb, MI 48038 5. If over \$100.00 cumulative, please provide: Occupation Poctor Employer Stephen Swetch Medical Business Address 43600 Coar field Clinton Turb, MI 48038 Type of Contribution: Direct Loan from a person Fund Raiser | \$ |
| Name & Address: Cindle Syarek 48355 Walden Macomb, MI 48044 5. If over \$100.00 cumulative, please provide: Occupation Sallo Employer Same Business Address Type of Contribution: Direct Loan from a person Fund Raiser | \$ 500 \$ 530 Click Here for Memo Itemization |
| 38272 Trillium 5. If over \$100.00 cumulative, piease provide: Coccupation Attorney Employer York Dolan Tambinson Business Address U2890 Corfield Ste 101 Clinton Tup, Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal | \$ |
| Grand Total of All Schedules 1A (Complete on last page of Schedule) | Enter this total on line 3a of Summary Page. |

Page 22 of 25



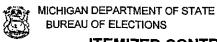
CANDIDATE COMMITTEE

1. Committee I.D. Number 138663

| 2. Committee Name | CTE | Anthony | Wickersham | |
|-------------------|-----|---------|------------|--|
| | | | | |

| Click Here for Memo Itemization Cocupation | CANDIDA LE COMMITTEE 2. COMMINGE NAME | | |
|--|---|-------------------------|---|
| Name & Address: Henry Tyska 38575 Crustier 5. If over \$100.00 comblative, please provide: IM Y8045 Click Here for Memo Itemization Employer Business Address Type of Contribution: Direct Cocupation Employer Empl | middle initial. Check box to indicate if contribution is from a Political Committee or an Independent | 6. Amount | Election Cycle for Each Contributor (Through |
| Decupation | Name & Address: Henry Tyska 38575 Chartier | s 20 | s 20 |
| Decupation | 5. If over \$100.00 cumulative, please provide: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | |
| Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? TYES 4. Date of Receipt \$16.112 5,000 Direct 3. Contribution #2 PAC Receipt? TYES 4. Date of Receipt \$16.112 5,000 Direct 4. Date of Receipt \$16.112 5,000 Direct 5. If over \$100.00 clumulative, phease provide: Click Here for Memo Itemization 5. If over \$100.00 clumulative, phease provide: Click Here for Memo Itemization 5. If over \$100.00 clumulative, phease provide: Sac Sac 5. If over \$100.00 clumulative, phease provide: Sac Sac 6. If over \$100.00 clumulative, phease provide: Sac Sac 6. If over \$100.00 clumulative, phease provide: Sac Sac 6. If over \$100.00 clumulative, phease provide: Sac Sac 7. Contribution: Direct Loan from a person Fund Raiser 8. Contribution: Direct Loan from a person Fund Raiser 8. Contribution: Direct Loan from a person Fund Raiser 8. Contribution: Direct Loan from a person Fund Raiser 8. Contribution: Direct Loan from a person Fund Raiser 9. Contribution: Direct Loan from a person Fund Raiser 9. Contribution: Direct Loan from a person Fund Raiser 9. Click Here for Memo Itemization 9. Click Here f | • | Click Here to | or Memo Itemization |
| 3. Contribution #2 PAC Receipt? TES 4. Date of Receipt \$16.12 5.000 Pured Pundalsung Support Pack | Business Address | | |
| Name & Address Name & Address Name Na | Type of Contribution: Loan from a person Fund Raiser | | |
| Business Address Type of Contribution: Direct | VAW Michigan V-Pac 7/25/12 8000 É. Jefferson | 5,000 200 \$ | Direct Fundralsus 5,525 |
| Business Address Type of Contribution: Direct | 5. If over \$100.00 cumulative, please provide: | Click Here fo | or Memo Itemization |
| Type of Contribution: Direct | | | |
| Accontribution #3 PAC Receipt? YES 4. Date of Receipt 8/6//2 Same & Address: Michael Virich | Business Address | | |
| Michael Ulrich 68637 Meadowood 5. If over \$100.00 cumulative, please provide: Coccupation | Type of Contribution: Loan from a person Fund Raiser | | |
| Accontribution # 4 PAC Receipt? YES 4. Date of Receipt 5/25//2 Anhony Viviano 475 1/ Cockwood If over \$100.00 cumulative, please provide. Click Here for Memo Itemization Occupation CWW Sterling Hey & Dody Business Address 4011 Van Pyke Sterling Hey M 48313 Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 5,350 | Name & Address: Michael Virich 68637 Meadowood Washing in MI 48095 5. If over \$100.00 cumulative, please provide: Occupation Employer | \$ 30 Click Here for | s 30 Memo Itemization |
| ')) | ANTHOMY VIVIANO Lockwood If over \$100.00 cumulative, please provide: Coccupation GWW Employer Stor In Hey Its Dudy Business Address 4011 Van Dyke Ster in Hey Its M Type of Contribution: Direct Loan from a person und Raiser | | \$ /300 Memo Itemization |
| Grand Total of All Schodules 1A I | Grand Total of All Schedules 1A | 71320 | -] . |

(Complete on last page of Schedule)

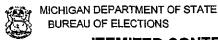


1. Committee I.D. Number 138663

line 3a of Summary

Page.

| CANDIDATE COMMITTEE 2. Committee Name | CTE Anthony Wicker | sham |
|--|---------------------|---|
| 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. | Elec Cor | umulative for ction Cycle for Each tributor (Through of receipt) |
| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 8/6/12 Name & Address: Daniel Wallas ISGEL HUNTCLIFF | | |
| Macomb, MI 48044 5. If over \$100.00 cumulative, please provide: | s 25 s | 25 |
| OccupationEmployer | Click Here for Me | mo Itemization |
| Business Address | | |
| Type of Contribution: Loan from a person Fund Raiser | | |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/25/12 Name & Address Alice Watson | | |
| 59539 Romeo Plank | <u> </u> | 690 |
| 5. If over \$100.00 cumplative, please provide: | Click Here for Men | no Itemization |
| Occupation Owner Employer 1319 K Farms | | |
| Business AddressSame | | |
| Type of Contribution: Direct Loan from a person Fund Raiser | | |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/25/16 Name & Address: On Wickersham | 20 | 20 |
| 14863 Towering Oaks | * | 530 |
| 5. If over \$100.00 elimilative, please provide: | Click Here for Mem | o Itemization |
| Occupation ASSOCIOTE Employer KONCE Business Address COY 7 Me tro Prky Sterling Height, MI Type of Contribution: Direct Loan from a person Fund Raiser | 48312 | |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/25/E | \Rightarrow | |
| Lisa Wolno 32025 Anargaret Crt. | \$ 100 s | 100 |
| 5. If over \$100.00 cumulative, please provide: | Click Horo for Mome | . Itamization |
| OccupationEmployer | Click Here for Memo | remization |
| 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) | | • |
| (Complete on last page of Schedule) | Enter this total on | |



1. Committee I.D. Number 138663

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 Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution #1 PAC Receipt? 4. Date of Receipt Name & Address: Click Here for Memo Itemization Occupation Employer. Business Address Fund Raiser Type of Contribution: Direct Loan from a person YES 4. Date of Receipt PAC Receipt? 3. Contribution #2 Name & Address Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Employer_ Occupation ___ Business Address _ Fund Raiser Type of Contribution: Direct Loan from a person PAC Receipt? 3. Contribution #3 YES 4. Date of Receipt Name & Address: Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation _ Employer__ Business Address Direct Loan from a person Fund Raiser Type of Contribution: 4. Date of Receipt 3. Contribution #4 PAC Receipt? YES Name & Address 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 Direct

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

Page Subtotal

33,690

Enter this total on line 3a of Summary Page.

Page <u>35</u> of <u>25</u>



ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

CANDIDATE COMMITTEE

1. Committee I.D. Number______

| | 2. C | ommitt | ee Name | CTE An | thony Wick | |
|--------------------------------------|-------------------------|--------|----------------|----------------|-----------------------------------|---------------------|
| 3. Name & Address From Whom Received | | | 5. Type o | f Receipt | | 6. Amount |
| Receipt #1 Name & Address: | Date of Receipt 7/31/12 | L. | Loan from a L | ending Institu | ution | |
| Check# 721 written for | ¢672 59 was cashed | | Interest | | \$ | .02 |
| by the bank for \$673.50 | - | | Refund \Reba | nte | Click for Memo | Itemization Type |
| to be over by .02. | Fund Raiser | X | Other (Specif | ý) | | |
| Receipt #2 Name & Address: | Date of Receipt | | Loan from a L | ending Instit | ution | |
| | | | Interest | | \$ | |
| | | | Refund \Reba | te | Click for Memo | Itemization Type |
| | Fund Raiser | | Other (Specify | <i>(</i>) | | |
| Receipt #3 Name & Address: | Date of Receipt | | Loan from a L | ending Institu | ution | _ |
| | | | Interest | | \$_ | |
| | | | Refund \Reba | te | Click for Memo | Itemization Type |
| | Fund Raiser | | Other (Specify |) | | |
| Receipt #4 | Date of Receipt | | | | - | |
| Name & Address: | | | Loan from a L | ending Institu | | |
| | | | Interest | | \$ | |
| | | | Refund \Reba | ate | Click for Memo | Itemization Type |
| | Fund Raiser | | Other (Specify | y) | | |
| Receipt #5 | Date of Receipt | | Loan from a Le | endina Institu | tion | • |
| Name & Address: | | H | Interest | - | | S |
| | | | Refund \Reba | to | Click for Momo | Itemization Type |
| | | | | | Olick for Memic | nemzaton Type |
| | Fund Raiser | | Other (Specify | " | | |
| Receipt #6 D Name & Address: | Pate of Receipt | | Loan from a L | ending Institu | ution | |
| | | | Interest | | | \$ |
| | | | Refund \Reba | te | Click for Memo | Itemization Type |
| | Fund Raiser | | Other (Specify | <i>y</i>) | | |
| Receipt #7 E | Pate of Receipt | | Loan from a l | _endina Instit | tution | |
| | | _ | 1 | Ů | | \$ |
| | | | Interest | | Click for Memo | Itemization Type |
| | _ | Ļ | Refund \Reba | | | 31 |
| | Fund Raiser | | Other (Specif | fy) | Page Subtetet | r |
| | | | | | Page Subtotal | .02 |
| | | | | | chedules 1A -1 ge of Schedule) | .02 |
| | | | - | - ' | | Enter this total on |

Enter this total on line 4 of Summary Page

Page 1 of 1



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number ______138663

| | CANDIDATE COMMITTEE | 2. Committee Name CTE Anthony W | ickersham | |
|-----------------|--|---|---|--|
| 3. Name a | and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| Expenditu | ire #1 | | | |
| Name Address | Custom Promotions 17520 W. 12 Mile Road Southfield, MI 48076 | Purpose: T-Shirts | 7/23/12 Date | \$ 928.5 |
| | | Cli | ick Here for Memo | Itemization Type |
| Fund | Raiser · | Check box if this expenditure is payment debt or obligation reported on previous statement | of | |
| | C #2 | | | |
| Name Address | C&G News 13650 11 Mile Road Warren, MI 48089 | Purpose: Ad | 7/25/12 Date | \$ 2890.0 |
| | | Cit | ck Here for Memo | Itemization Type |
| | Raiser | Check box if this expenditure is payment debt or obligation reported on previous statement | | TOTAL PARTY OF THE |
| Expenditu | re #3 | | | |
| Name | Dollar Chain 41781 Garfield | Balloons for | 7/25/12 ———————————————————————————————————— | 85.59 * |
| Address | Clinton Twp., MI 48035 | Purpose: | ck Here for Memo | Itemization Type |
| X Fund F | Raiser | Check box if this expenditure is payment debt or obligation reported on previous statement | of | |
| Expenditure | e #4 | | | |
| Name Address | Bob's Specialty Co. 32446 NewCastle Warren, MI 48092 | Purpose: Nail Files | 7/25/12 Date | \$ 446.39 |
| | • | | | |
| Fund f | Raiser | Clic Check box if this expenditure is payment debt or obligation reported on previous statement | k Here for Memo | Itemization Type |
| Expenditure | ÷#5 | | | · |
| Name Address | Dana Camphous-Peterson PO Box 46057 Mt. Clemens, MI 48046 | August Services Purpose: | 7/27/12 Date | \$ 800.00 |
| | · · · · · · · · · · · · · · · · · · · | Clic | k Here for Memo | itemization Type |
| Fund R | taiser | Check box if this expenditure is payment debt or obligation reported on previous statement | of | |
| | | Su | btotal this page | 5,150.54 |
| | | Grand Total of a (Complete on last pa | all Schedules 1B age of Schedule) | |
| | | | • | |

Enter this total on line 8a of Summary Page

Page ____1 of __4



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number ______138663

| (| CANDIDATE COMMITTEE | 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. A | mount |
| Expenditu Name Address | Villa Penna 43985 Hayes Road | Purpose: Food & Beverage 8/1/12 \$ Date | 722.50 |
| X Fund (| Sterling Hgts., MI 48314 Raiser | For Fundraiser Click Here for Memo Itemiz Check box if this expenditure is payment of debt or obligation reported on previous statement | ation Type |
| Expenditur Name Address | e#2 Roberts Ink 59810 Havenridge New Haven, MI 48048 | Website Date \$\$ | 150.00 |
| Fund I | Raiser | 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 | re#3 Perfect Products 35186 Automation Clinton Twp., MI 48035 | Ties Purpose: Click Here for Memo Itemize | 107.38 |
| Fund I | | Check box if this expenditure is payment of debt or obligation reported on previous statement | mon type |
| Expenditure Name Address | e#4 CJ Barrymores 21750 Hall Road Clinton Twp., MI 48038 | Purpose: Food & Beverages For Primary Party Click Here for Memo Itemiza | 500.00 |
| Fund I | Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | |
| Expenditure Name Address | e#5 William Hart 49926 Willowood Macomb, MI 48044 | Purpose: \$ | 935.00 |
| Fund F | Raiser | Click Here for Memo Itemize Check box if this expenditure is payment of debt or obligation reported on previous statement | ation Type |
| | | Grand Total of all Schedules 1B (Complete on last page of Schedule) | ,414.88 |
| | | , | ···· |

Enter this total on line 8a of Summary Page

Page 2 of 4



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

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

| | CANDIDATE COMMITTEE 2. | Committee Name CTE Anthony Wicke | rsham |
|------------------------------|--|---|--|
| 3, Name | and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date 6. Amount |
| Expendit Name Address | ure#1 Buffalo Wild Wings 8669 26 Mile Road Washington, MI 48094 | Purpose: Lunch W/Constituents | 7/12 \$ 63.46 Date e for Memo Itemization Type |
| | Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | |
| Expenditu Name Address | Bob's Specialty Company 32446 Newcastle Drive Warren, MI 48093 | Purpose: Give-aways | Date \$ 676.89 e for Memo Itemization Type |
| <u> </u> | Raîser | Check box if this expenditure is payment of debt or obligation reported on previous statement | Tor Wellio Restriction Type |
| Expendito Name Address | Postmaster Mt. Clemens, MI 48043 | Purpose: Postage for Andiamo's fundraiser | 3/12 990.00 Date \$ for Memo Itemization Type |
| X Fund | Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | |
| Expenditu | re #4 | | |
| Name Address | Staples 51382 Gratiot Chesterfield, MI 48051 | 8/1 Purpose: Office Supplies | 3/12 \$ 61.47 |
| Fund | Raïser | Click Here Check box if this expenditure is payment of debt or obligation reported on previous statement | for Memo Itemization Type |
| Expenditur Name Address Fund | e#5 City of Center Line 7070 E 10 Mile Road Center Line, MI 48015 Raiser | Sign Ordinance Fee Purpose: | 5/12 100.00 Date \$ for Memo Itemization Type |
| | | Subtotal th Grand Total of all Sche (Complete on last page of S | 1,891.82 |
| | | | Enter this total |

Enter this total on line 8a of Summary Page

Page _____ of ____



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

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

| CANDIDATE COMMITTEE 2.0 | Committee Name CTE Anthony Wic | kersham | , |
|--|--|------------------------------|---------------------------|
| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
| Name Clinton Township Goodfellows PO Box 380643 Clinton Twp., MI 48038 | Purpose: Sign Placement @ Event Click | 8/15/12 Date Here for Memo | \$lternization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Name Jah Lion 23561 Lakepointe | Sign Deposit | 8/17/12 Date | \$ |
| Address Clinton Twp., MI 48036 | | | temization Type |
| Fund Raiser Expenditure #3 | statement | | |
| Dana Camphous-Peterson PO Box 46057 Address Mt. Clemens, MI 48046 | September Services Purpose: | 8/23/12 Date | \$ 800.00 temization Type |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | terrization Type |
| Expenditure #4 Name Anchor Bay Chamber of Commerce 36341 Front St., #2 Address New Baltimore, MI 48047 | Meet the Candidates Purpose: | 8/23/12 Date | \$ |
| Fund Raiser | Click Check box if this expenditure is payment of debt or obligation reported on previous statement | | temization Type |
| Expenditure #5 Name | | | \$ |
| Address Fund Raiser | Purpose: Click Check box if this expenditure is payment of debt or obligation reported on previous statement | | ♦ltemization Type |
| | | otal this page | 4,310.00 |
| | Grand Total of all (Complete on last pag | | 15,767.24 |

Enter this total on line 8a of Summary Page

Page _____ of ____



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C CANDIDATE COMMITTEE

| | 138663 |
|---------------------|--------|
| Committee LD Number | 20000 |

| | | | |
|-----------|--------|------------|--|
| CTE A | nthony | Wickersham | |

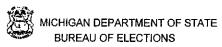
2. Committee Name (For use by officeholders only) 4. Description of Disbursement 3. Name and address of person to whom disbursement was made 6. Amount of 5. Date (Be specific & you may assign a Disbursement disbursement code*) Disbursement # 1 Purpose Name & Address: Phone Service s 146.98 Verizon Wireless PO Box 15082 Click for Memo Itemization Type Albany, NY 12212 BO Disbursement Code Check box if this disbursement is payment of debt or obligation Fund Raiser reported on previous statement Disbursement # 2 Purpose Name & Address: Donation for Raffle \$ 100.00 7/27/12 **Macomb County Reserves Association** 43565 Elizabeth Road Mt. Clemens, MI 48043 Click for Memo Itemization Type G₀ Disbursement Code Check box if this disbursement is payment of debt or obligation X Fund Raiser reported on previous statement **Purpose** Disbursement # 3 Name & Address: Foursome for Golf Outing 400.00 7/31/12 FOP Lodge 112 Date 33845 24 Mile Road Chesterfield, MI 48047 Click for Memo Itemization Type GO Disbursement Code Check box if this disbursement is payment of debt or obligation XX Fund Raiser reported on previous statement Disbursement #4 Purpose Name & Address: Foursome for Golf Outing 8/01/12 \$ 1000.00 Community Caring Program Date c/o UAW Click for Memo Itemization Type 27800 George Merelli Dr. Warren, MI 48092 G0 Disbursement Code Check box if this disbursement is payment of debt or obligation XX Fund Raiser reported on previous statement Subtotal this page 1,646.98 Grand Total of all Schedules 1C (Complete on last page of Schedule) Enter this total

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

| Page | 1 | of | 5 |
|------|---|----|---|
|------|---|----|---|



INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C CANDIDATE COMMITTEE

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

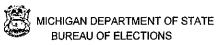
CTE Anthony Wickersham

| (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: | Purpose | | - |
| Hame a radicas. | Hold Sponsor | 8/01/12 | \$ 100 .0 0 |
| Integrated Living, Inc. 43133 Schoenherr Road Sterling Hgts., MI 48313 | * | Date Click for Memo Iten | |
| Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code | | |
| Disbursement # 2 | Purpose | | |
| Name & Address: | Hole Sponsor | 8/01/12 | \$ 100.00 |
| Disabled American Veterans 17779 E. 14 Mile Road | | Date | |
| Fraser, MI 48026 | | Click for Memo Item | ization Type |
| Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code | | |
| Disbursement # 3 Name & Address: | Purpose Donation for Annual | 8/01/12 | 2 _{\$} 100.00 |
| Lanse Creuse Foundation 24076 F.V. Pankow Blvd. | Fundraiser | Date | |
| Clinton Twp., MI 48036 | | Click for Memo Item | ization Type |
| Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code | | |
| Disbursement # 4 Name & Address: | Purpose | 9/02/12 | 215 00 |
| | Pasta Cost for | 8/03/12 | \$ ^{215.00} |
| Chef Raymone Catering 370 N. Gratiot Clinton Twp., MI 48036 | Senior Event | Date Click for Memo Itemi | zation Type |
| Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement CodeB0 | | |
| | | Subtotal this page | 515.00 |
| | Grand Total (Complete on las | of all Schedules 1C st page of Schedule) | 313.00 |
| | | | 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

Page ____2 of ___5



INCIDENTAL OFFICE EXPENSE **DISBURSEMENTS SCHEDULE 1C** CAN

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

| NDIDATE COMMITTEE | | CTE Anthony Wickersham |
|---------------------------------|-------------------|------------------------|
| (For use by officeholders only) | 2. Committee Name | |

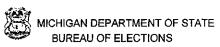
| (i of use by officerioliders only) | | | | |
|---|---|------------------------|-------------------|------------------------------|
| 3. Name and address of person to whom disbursement was made | Description of Dis (Be specific & you disbursement code | may assign a | 5. Date | 6. Amount of Disbursement |
| Disbursement # 1 | Purpose | | | |
| Name & Address: | i dipose | | | |
| \dot{l} | Hole Sponsor | • | 8/13/12 | \$ 100.00 |
| Macomb Homeless Coalition | | | Date | |
| c/o Szajna & Associates | | CI | :- - fan \$4ama | -i-ation Time |
| PO Box 787 | | Ci | ick for Memo Iten | nization Type |
| Mt. Clemens, MI 48046 | | | | |
| | Disbursement Code | GO/KO | | |
| Check box if this disbursement is payment of debt or obligation | _ | | | |
| reported on previous statement | X Fund Raiser | | | |
| Disbursement # 2 | | | | |
| Name & Address: | Purpose | | | |
| rtano di radioco. | 1/4 Page Ad | for Football | 8/13/12 | \$ <u>125.00</u> |
| DeLaSalle Collegiate | | | Date | |
| 14600 Common Road | | | | |
| | | O!! | -1-6 64 14 | landless Toma |
| Warren, MI 48093 | | CII | ck for Memo Item | ization Type |
| | | | | |
| _ | Dishussament Cada | ко | | |
| Check box if this disbursement is payment of debt or obligation | Disbursement Code | NO . | | |
| reported on previous statement | X Fund Raiser | | | |
| | | | | |
| Disbursement # 3 | Purpose | | | |
| Name & Address: | Hole Sponsor | | 8/13/12 | s 250.00 |
| MTC Planeties | | | Date | Y |
| MTS Education | | | Duio | |
| c/o Bethleham Temple Church | | | | |
| 22645 Quinn Road | | Cli | ck for Memo Item | ization Type |
| Clinton Twp., MI 48035 | | | | |
| | | *** | | |
| [] | Disbursement Code | KO | | |
| Check box if this disbursement is payment of debt or obligation | | | | |
| reported on previous statement | X Fund Raiser | | | |
| Dist | m | | • | |
| Disbursement # 4 | Purpose | | | Ì |
| Name & Address: | Foursome for | Annua1 | 8/15/12 | \$ 780.00 |
| Nt. Clemens Lions Club | Golf Outing | 211111001 | Date | 700100 |
| | doll outling | | | ļ |
| c/o Randy Pagel | | Clic | ck for Memo Item | ization Type |
| 6260 18 1/2 Mile Road | | | | ļ |
| Sterling Hgts., MI 48314 | | | | |
| | | | - | |
| | Disbursement Code | GO | | |
| Check box if this disbursement is payment of debt or obligation | | | | |
| reported on previous statement | X Fund Raiser | • | | |
| | | 0.4 | ototal this page | |
| | | Sui | notai iilis page | 1,255.00 |
| | | Grand Total of al | Schedules 10 | - · · · · · |
| | • | (Complete on last page | je of Schedule) | |
| | | | - 1. | 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

Page 3 of 5



INCIDENTAL OFFICE EXPENSE **DISBURSEMENTS SCHEDULE 1C CANDIDATE COMMITTEE**

| 1. | Committee | LD. | Number | |
|----|-----------|-----|--------|--|

138663

| ٠, | 101 | | _ | ~~ | | | |
|----|------|-------|------|--------|-------|---------|--|
| | (For | use b | v of | fficeh | older | s only) | |

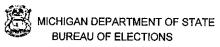
CTE Anthony Wickersham

| (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: Muscular Dystrophy Association 43329 Schoenherr Road | Purpose Hole Sponsor | 8/15/12 Date | \$ 100.00 |
| Sterling Hgt., MI 48313 Check box if this disbursement is payment of debt or obligation reported on previous statement Disbursement # 2 Name & Address: | Disbursement Code GO/KO X Fund Raiser Purpose Phone Service | Click for Memo Ite | |
| Verizon Wireless PO Box 15082 Albany, NY 12212 | THORE SELVICE | Date Click for Memo Iter | \$ 144.84 |
| Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code BO Fund Raiser | | |
| Disbursement # 3 Name & Address: | Purpose Candy for Parades | 8/20/12 Date | \$ 134.64 |
| Sam's Club 45600 Utica Park Blvd. Utica, MI 48315 | | Click for Memo Iten | nization Type |
| Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code Fund Raiser | | |
| Disbursement # 4 Name & Address: The Art Center 125 Macomb Place | Purpose Sponsor for Annual Art Party | 8/23/12 Date Click for Memo Iten | \$ 300.00 |
| Mt. Clemens, MI 48043 Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code | Subtotal this page | 679.48 |
| | | l of all Schedules 1C st 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

| Page | 4 | of | 5 | |
|------|---|----|---|--|
| | | | | |



INCIDENTAL OFFICE EXPENSE **DISBURSEMENTS SCHEDULE 1C**

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

| CANDIDATE COMMITTEE (For use by officeholders only) 2. | CTE As | ithony Wickersham | |
|--|---|--|------------------------------|
| Name and address of person to whom disbursement was made | Description of Disburserr (Be specific & you may as disbursement code*) | | 6. Amount of Disbursement |
| Disbursement # 1 Name & Address: | Purpose | | |
| Macomb Family YMCA 10 N. River Road Mt. Clemens, MI 48043 | Foursome of Gol | f 8/23/12 Date Click for Memo It | • |
| Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement CodeGOXX Fund Raiser | | |
| Disbursement # 2 Name & Address: | Purpose | | \$ |
| | | Date | |
| | | Click for Memo Ite | mization Type |
| Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement CodeFund Raiser | | |
| Disbursement # 3 Name & Address: | Purpose | | <u> </u> |
| | | Date | <u> </u> |
| , | | Click for Memo Ite | mization Type |
| Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code | | |
| Disbursement # 4 Name & Address: | Purpose | | • |
| | | Date | |
| | | Click for Memo Iter | nization Type |
| Check box if this disbursement is payment of debt or obligation reported on previous statement | Disbursement Code | | |
| | | Subtotal this page | 500.00 |
| | Gra (Comple | and Total of all Schedules 1C ete on last page of Schedule) | 4,596.46 |

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

| Page | 5 | of | 5 |
|------|---|----|---|
| | | | |



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

CTE Anthony Wickersham

| 4. Number or Particip greater) I lines 7 and 8) t Kind Contributions | \$ 16,550 \$ 16,550 \$ 16,550 \$ 3,813 \$ and All Expenditures liser and complete the Contribution S (%) | 5. Type of Fund Rai Friends .00 .00 .19 Made For the Events of Selection (Collowing): | ising Activity & Family | 6. Address and Name (If any) of the place where the activity was held. Villa Penna 43985 Hayes Road Private Residence Hgts., |
|--|--|---|---|---|
| or Particip greater) I lines 7 and 8) t Kind Contributions was a joint fund ra | \$ 16,550 \$ 16,550 \$ 3,813 s and All Expenditures iser and complete the Contribution S | .00 .00 .19 Made For the Event following: | & Family | villa Penna 43985 Hayes Road Sterling Hgts., |
| l lines 7 and 8) t Kind Contributions was a joint fund ra | \$ 16,550 \$ 16,550 \$ 3,813 and All Expenditures iser and complete the | .00 .00 .19 Made For the Eventositositositositositositositositositosi | | 43985 Hayes Road Sterling Hgts., |
| t Kind Contributions was a joint fund ra | \$ 16,550 \$ 3,813 and All Expenditures iser and complete the Contribution S | .00 .19 Made For the Eventositositositositositositositositositosi | rent) | |
| t Kind Contributions was a joint fund ra | \$ 16,550 \$ 3,813 and All Expenditures iser and complete the Contribution S | .00 .19 Made For the Eventositositositositositositositositositosi | rent) | França ditura Calit |
| t Kind Contributions was a joint fund ra | \$ 16,550 \$ 3,813 and All Expenditures iser and complete the Contribution S | .00 .19 Made For the Eventositositositositositositositositositosi | ent) | Franco ditura Calit |
| t Kind Contributions was a joint fund ra | \$ 3,813 and All Expenditures iser and complete the | .19 Made For the Eve following: | ent) | Franco ditura Calit |
| t Kind Contributions was a joint fund ra | \$ 3,813 and All Expenditures iser and complete the | .19 Made For the Eve following: | ent) | Franco ditura Calit |
| Kind Contributions was a joint fund ra | and All Expenditures iser and complete the Contribution S | Made For the Event | ent) | Franco ditura Calit |
| · | Contribution S | - | | Franco ditura Calit |
| | | plit | | Exercised thomas Coult |
| | | | | Expenditure Split (%) |
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| | by the Campaign expenditures listed | by the Campaign Statement. expenditures listed on a Fund Raiser Scholle Itemized In-Kind Contributions Schedule | by the Campaign Statement. expenditures listed on a Fund Raiser Schedule must also b Itemized In-Kind Contributions Schedule (1-IK), Itemized | expenditures listed on a Fund Raiser Schedule must also be reported or Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures |