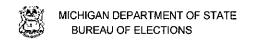
CANDIDATE COMMITTEE COVER PAGE

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:
M. Committee I.D. N	1-1-12 10 1-22-12
FRIEZNS OF MAND SAUGEN 136-101	, , , , , , , , , , , , , , , , , , , ,
1a a	4a. Office Sought Including District # or Community Served (If applicable)
FRIENDS OF MANU SAUGEN	DIST. # 2 COUNTY COMMISSIONER
	4b. County of Residence
5. Committee's Malling Address	6. Treasurer's Name & Residential Address
7290 HELEN CENTENLINE, M 48015	CAME
CENTER LINE, M VONE	
760/3	
2/3 (15	
Area Code and Phone 3/3 505 (56/ If the address in this box is different from the committee	
malling address on the Statement of Organization, mail may be sent to this address by the filing official.	<u> </u>
7. Treasurer's Business Address	Area Code & Phone
SAME	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
) 14 ME	
	·
Area Code and Phone	Area Code and Phone
9. TYPE OF STATEMENT	
9a. Pre-Election OR 9b. Post-	Election 9c. Annual Statement (Coverage Year)
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
Primary Gene	9e. Dissolution of Candidate Committee
Convention	DOI Effective Date of Dissolution
Special Cauc	· ·
	By checking this item, I/We certify that the committee has no assets or
Date of Election, Convention or Caucus	outstanding debts, including late filling fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for
8-7-12	the Reporting Waiver.
	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
A committee that does not have a Reporting Waiver must file all rec Schedules. Direct contributions, In-kind contributions, loans, expen	puired Campaign Statements. The Campaign Statements must include all applicable ditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.
amendment to the Statement of Organization should accompany the before the filing deadline of a required campaign statement, the	is Campaign Statement. If a request for a Reporting Waiver is not received on or at campaign statement cannot be waived.
 Vertification: I/We certify that all reasonable diligence was used in my/our knowledge and belief the contents are true, accurate and cor 	
Current Treasurer or	54
Designated Record keeper MANUN E DOKEN	Mandany 7-24-1)
Type or Print Name	Signature DateDate
Candidate MANUN & SAUSEN	, Ma Efang Date 7-24-12
Type or Print Name	Signature
Authority granted under D.A. 200 of 4076	



a. Itemized (Schedule 1A - Column 6)

c. Subtotal of "Contributions"

a. Itemized (Schedule 1B, Column 6)

a. Itemized (Schedule 1C, Column 6)

(Add Line 10a + Line 10b)

13. Ending Balance of last report filed

15. SUBTOTAL Add lines 13 and 14

(Subtract line 16 from line 15)

(Add lines 9 and 11) 17, ENDING BALANCE

DEBTS AND OBLIGATIONS 12. Debts and Obligations

(Add Line 3c + Line 4)

EXPENDITURES 8. Expenditures

(Officeholders Only) 10. Disbursements

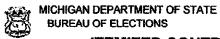
RECEIPTS

3. Contributions

1. Committee I.D. Number

SUMMARY PAGE **CANDIDATE COMMITTEE**

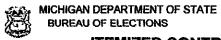
2. Committee Name Friends of Mary Sauga P Column I Column II This Period Cumulative this election cycle (3a.) \$ b. Unitemized (less than \$20.01 each - no Schedule) (3b.) \$ (18.) \$ _____ (3c.) \$_ 4. Other Receipts (Schedule 1A -1, Column 6) (4.) \$ (19.) \$ _____ 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (20.) \$ _____ **IN-KIND CONTRIBUTIONS & EXPENDITURES** (21.) \$ _____ 6. In-Kind Contributions (Schedule 1-IK, Column 7) 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) (22.) \$ _____ (8b.) \$ b. Itemized Get-Out-the-Vote (Schedule 1B-G) c. Unitemized (less than \$50.01 each - no Schedule) (8c.) \$ _ 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) (23.) \$ ____ **INCIDENTAL EXPENSE DISBURSEMENTS** (10a.) \$ _____ b. Unitemized (less than \$50.01 each - no Schedule) (10b.) \$ _____ 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (24.) \$ _____ (12a.) \$_/541. 10 a. Owed by the Committee (Schedule 1E) b. Owed to the Committee (Schedule 1E) (12b.)\$ **BALANCE STATEMENT** (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 16. Amount expended during reporting period



CANDIDATE COMMITTEE

1. Committee I.D. Number 136 - 102

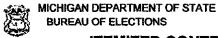
CANDIDATE COMMITTEE 2. Committee Name 1-10	IEANS OF MANY DAUGET
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions 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 5-8-12 Name & Address:	# 8652
29377 HOOVEN HANREZ, MI 15 Hover \$400.00 augustation places provides	\$150.00 \$
5. Il over \$100.00 cuminative, piesse provide:	Click Here for Memo Itemization
Occupation Cable Installation Employer Le Com Inc.	
Business Address 49377 Hower Warren my 48093	√ ,
Type of Contribution: Direct Loan from a person Fund Raiser	*
3. Contribution #2 PAC Receipt? XYES 4. Date of Receipt 4-11-12	# 1078
Name & Address COMMITTEE FOR RESPONSIBLE GONT.	,
5802 VINCENT TRAIL	\$ 1.00.00 \$
SHELBY TWP. MI 48316	
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? XYES 4. Date of Receipt 5-24-11	# 2721
Name & Address: WMI PAR OF ACHICAN 08-91 N8 797 ALVIDA DR SOITE 100	30000 5
$WIY \delta M$ MI $VS 393$ 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 #4 PAC Receipt? YES 4. Date of Receipt 5-25-1/2	- AT 4138
Name & Address FIFTH THIND BAN CORP PAC FEDERAND I D CGO 3 G 05 6 2 FED E WOLLD 3 THEED	300.00
3 0 0	\$\$
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: X Direct Loan from a person Fund Raiser	
Page Subtotal	1750



CANDIDATE COMMITTEE

1. Committee I.D. Number	136	-102	
 .			0

CANDIDATE COMMITTEE 2. Committee Name 770	IFNUS OF 1	TANO PAUGEN
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 1 -/-/2 Name & Address: ROY ROSE 55600 WOODRIDGE		#1973
SHELBY TWP MI 48318	\$ 100.0	ş
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? YES 4. Date of Receipt 5-10-12-1	4909490	5696
Name & Address JIMO 744 TONLINSON 21550 GARFIELD SUITE 1010 CUNTOR TUP MI 48038	\$ 150-10	
5. If over \$100.00 cumulative, please provide:		for Memo Itemization
Occupation Atty Employer Ork Lolan & Tolulinson	•	
Business Address 42850 Garfield Ste. 101 Chila	Tup. 480	38
Type of Contribution: Direct Loan from a person Fund Raiser	•	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 5 - 2/-/>	•	# 158
Name & Address:		,
ALMONT, MICH 48009	\$ 200.00	2 \$
5. If over \$100.00 cumulative, please provide:	Click Here for	or Memo Itemization
Occupation Set Employer Center Lie Electric		
Business Address 26554 Lawrence Center Live W Y Type of Contribution: Direct Loan from a person X Fund Raiser	80/5-	•
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 5-8-/2		# 1499
VINCENT & MEGAN BRADNAN		
30078 SCHOLZHEAR SOITE 150 WARREY, MI 48088-3150	\$ 500.00	\$
5. If over \$100.00 cumulative, please provide:	Click Here f	or Memo Itemization
Occupation VP Employer Denali Ethanol Mgm	Olick Here is	or weeno temization
Business Address 30078 Schoenberr 150 Warren W	v 48088	
Type of Contribution: Direct Loan from a person Y Fund Raiser		
Page Subtotal	950	

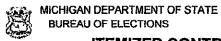


CANDIDATE COMMITTEE

1. Committee I.D. Number 136 -102

2. Committee Name FRIGATS OF MAN SAVGETA

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 Committee (PAC) Report <u>all</u> contributions regardless of amount.		Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 5 _9_12 Name & Address:	A.	0635
LOUIS LAPIANA		
POYAL OBK M/ 48067 5. If over \$100.00 cumulative, please provide:	\$ 150.00	\$
1 (1)	Click Here f	or Memo Itemization
Occupation Soles TPH Employer ABS		or wome remizeren
Business Address State Trying Sterling Hts, M 4831.	2	¥.
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 5 3 / 2 Name & Address	H E	257
CARL D'ANDREA 11877 TAHITI DR	,	
STENLING HOS M1 48312	\$ 150	. .
5. If over \$100.00 cumulative, please provide:	Click Here for	or Memo Itemization
Occupation Banking Employer Fifth Third Bancorp		
Business Address 30700 Vau Dyle Warren My 48093		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 5-4-42	#	4305
Name & Address: LISA O MANY STEENBEACH		
11244 ALGEN	\$ 300.00	\$
WAMEN, M1 48893		
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation and Employer Maroub Public Works	•	
Business Address 21777 Dunham Rd. Clinton Two. W1 48	7 . (
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 5-1/2	#	150
GEONGE MOLVAR		
1743 (AMPECWOOD WEST BLOOMFIELD, MI 48322	: 150.00	\$
2. If Over \$100.00 Communities bioxide.	Click Here fo	or Memo Itemization
Occupation and Employer Health Trus Services	INC.	M MONIO REHILEMON
Business Address 26677 W.12 Mile #135 Southfield, M	N 48034	
Type of Contribution: Direct Loan from a person X Fund Raiser	•	
Page Subtotal	750	

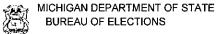


CANDIDATE COMMITTEE

1. Committee i.D. Number 134 - 102

2. Committee Name FAIFADS OF MARK CARE

CANDIDATE COMMITTEE 2. Committee Name 1/2	IFAD> OF	- THIS STACE
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 5-1/-12 Name & Address: SALVATONE ROLOMBO S-6/30 VAR DYKE	#	988 g
etrom lire, MI 48018	\$300.00	\$
5. If over \$100.00 cumulative, please provide: Occupation Horwey Employer Sett	Click Here f	or Memo Itemization
Business Address 26(00 lbw Dyce Center Live, un Y80/5 Type of Contribution: X Direct Loan from a person X Fund Raiser	· 	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 5 - 1/-/>	-# (1015
Name & Address JAMES PEND 38180 SADDLE LN	\$ 150.00	\$
CLINTON TWP HI 48436 5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Credit UNION Employer HICO		
Business Address 600 E. Latagette Letroit, My 4822	6	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 Name & Address: PAC Receipt? YES 4. Date of Receipt 5-1/-/>	#	7845
3888 SOHN	s 150	. \$
ELINGUT TUP, M/ 48038, 5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization .
Occupation Sales Employer MI Tether		
Business Address 3600 Elizabeth Clyston Tub. M 4 Type of Contribution: Direct Loan from a person X Fund Raiser	203E	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 5-3-/2 Name & Address		
29350 JEFFERSON CT CLAN SHORES M/ 48081	\$ 150.0	\$
5. If over \$100.00 cumulative, please provide:	Clink Have fo	ar Mama Hambaliaa
Occupation NA Employer NA	Chek Hele ic	r Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	750	



1. Committee I.D. Number 136 10 2

C	ANDIDATE	COMMITTEE	2. Committee Name	Friends	F Morr Sayer
	x to indicate if con	tribution is from a Political Co	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 Name & Address:	PAC Receipt?	<u>.</u>	eceipt 6-/8-/2	-	
Santer	, Mari Itelen)(\(\rac{1}{2}\)		10 -	
Cent	er Live.	m 480/5		<u> 585</u>	\$ 1485
5. If over \$100.00 cum		wee: Macon	h Court	Click Here	for Memo Itemization
1 ~~~	1. ~	~ · _ ~ ~	, , , <u> </u>	Carry	
Business Address <u>15.</u> Type of Contribution:	Main >	Loan from a person	Mt-Clemons, M(4) Fund Raiser	007 3	
3. Contribution #2	PAC Receipt?	YES 4. Date of Re			
Name & Address					
				\$	<u> </u>
5. If over \$100.00 cum	ılative, please pro	ovide:		Click Here f	or Memo Itemization
Occupation		_ Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser	_	
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date of R	eceipt	_	
				\$	_ \$
5. If over \$100.00 cum	ılative, please pro	ovide:		Click Here fo	or Memo Itemization
Occupation		_ Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date of F	Receipt	•	
				\$	\$
5. If over \$100.00 cum	ilativo ploaco se	ovido:			· · ·
Occupation				Click Here fo	or Memo Itemization
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
			Dama Culturata	1 / 5 / 5	

Page Subtotal

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

Enter this total on line 3a of Summary

Page.





ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 136 ~ 102

2. Committee Name FRIENDS OF MARY SAUSEN

CANDIDATE CONINTT IEE			
Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1			
Name CT & USINO BOOSTEN CLUB	Purpose: CLUB DONATION	m 3 .	
Address 3 & 333 Houven	Expenditure Code	5-20-1	
□ Fund Raiser MICH Y8093	Check box if this expenditure is payment of debt or obligation reported on previous statement		100.00
Name JAM LION SRAPHICS Address 2346 J LAKE POINTE DR	Purpose: CAM PAKA SITAS # 8257 Expenditure Code		
CLINTON TUP, MI 48031	Expenditure Code	118-10	
☐ Fund Raiser	☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	•	700.00
Name UAH CION GRAPHICS Address 23561 LAKE PONTE DA	Purpose: CAMPAIGN SIGNS	6-29-12	
CLINTON TUP, MI 48031	Expenditure Code	12	_
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		705-00
Expenditure #4			
Name CITY OF CENTERLINE	Purpose: BOND For SIKNS		
Address 7070 E TEN MILE CENTEN LINE, MI 48015	Expenditure Code	7-21-13	100.00
☐ Fund Raiser	of debt or obligation reported on previous statement		
Expenditure #5	_		
Name AMONICAN CARPHICS	Purpose: (ANPAINN BYTHATTO	F	
Address 34 893 UNUTURES	Expenditure Code	5-11-12	_
Address 34895 GROBBECK CLINTON TWP MI Fund Raiser U8035	Check box if this expenditure is payment of debt or obligation reported on previous statement		29 83.00
	Subtotal this p Grand Total of all Schedule (Complete on last page of Sche	s 1B	4588
		1	Enter this total

on line 8a of Summary Page

2	LEASE	REFER TO	MSTRUCTI	ONS FOR LIS	TOF EXPEN	IDITURE CODES

	ľ	2
Page	<u> </u>	of



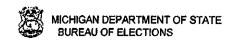
ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number	13	6	-10	2
---------------------------	----	---	-----	---

CANDIDATE COMMITTEE 2. Co	ommittee Name P79 F1317 0F 1	777.0	DAUGEN
Name and address of person or vendor to whom paid	Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1			- 12 - 1 - 1 - 1 - 1
Name (174 OF CENTENLINE Address 7070 E KEN MILE CENTENLINE, M 48015	Purpose: VOTEN LIST	71	
Address 7070 C		139/	
CENTENLINE, 48015	Expenditure Code	12	_
☐ Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		10.00
Expenditure #2	•		
Name WANRON CITY OLERA-	Purpose: VOTEN LIST	2/ 1	
Address JNE CITY SOVANE SUITE 205	Expenditure Code	3/22/1	
WANNER, WICH Fund Raiser M8093	Check box if this expenditure is payment of debt or obligation reported on previous		20.60
Expenditure #3	statement		
	ti i a a a a a a a a a a a a a a a a a a		
Name CENTER LINE BLOOD PRIVE	Purpose: DONATION TO	,	
Address BETTON MAID POTATO CHIAS	BLOOD DRIVE	1/	
7070 YEN 4/18	Expenditure Code	9/12/	
· · · · · · · · · · · · · · · · · · ·	Check box if this expenditure is payment	1/2	
□ Fund Raiser CONTON [INE, M/ 48815	of debt or obligation reported on previous statement		26.00
Expenditure #4	otatement		<u> </u>
Name (5)	Purpose:		
Tallo , .	Purpose:		
Address	Expenditure Code	ļ.	
Address	-		
·	Li Check box if this expenditure is payment of debt or obligation reported on previous		
☐ Fund Raiser	statement		
Expenditure #5	, , , , , , , , , , , , , , , , , , ,		· , ,
Name	Purpose:		
Address]	
. 100.000	Expenditure Code		
☐ Fund Raiser	☐ Check box if this expenditure is payment		
	of debt or obligation reported on previous statement		
	Subtotal this	nage	56.00
	Grand Total of all Schedule (Complete on last page of Sch	s 1B	111 1111
	(complete on last page of Scil	eans)	71.44

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



DEBTS AND OBLIGATIONS 1. Committee I.D. Number SCHEDULE 1E CANDIDATE COMMITTEE 2. Committee Name FV: Quals of Warv Saurel This Schedule itemizes: a Debts and obligations owed by or forgiven the committee (Check either a or b. Use only for the purpose checked.) 3. Name and Mailing Address of person, vendor or 4. Type of Obligation 7. Date and amount of 8. Cumulative 9. Outstanding								
financial institution to whom debt is owed. 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.	(Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	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: Mayu Sauser 7290 Helen Center Line, W1 48015	4. Type: LOGN 5. Date Debt Was Incurred: 9-/8-09 6. Original Amount of Debt: \$ \$ \$ 5	2-7-10; 3,90 \$ 7-3-11;81,10 \$	\$ 85	\$FORGIVEN				
If bank loan, name of endorser or guarantor:	4	Amo	ount Endorsed: \$					
Debt#2 Owed to or by: May Sauser 7290 Itelen Center Line, MI 48015	4. Type: Loo-~ 5. Date Debt Was Incurred: 6-5-09 6. Original Amount of Debt: \$	7-10-11 s 68,90 	\$ 68.90	\$ 56.10				
If bank loan, name of endorser or guarantor:		An	ount Endorsed: \$_					
Debt#3 Carp? Yes Owed to or by: Mary Sayla 7290 Helan Centerlie, My90/5	4. Type: LOGN 5. Date Debt Was Incurred: 11-18-09 6. Original Amount of Debt: \$ 100	\$ \$ \$ \$	\$	\$				
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$					
(Со	mplete on last page of Schedule s	Grand Total	(Outstanding debt) of all Schedules 1E r to the committee)	56./6				

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

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

Page / of Z



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number 136/02

2. Committee Name Friguels of Mary Saugele

CANDIDATE COMMITTEE			- O 1				
This Schedule itemizes: a Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee. (Check either a or b. Use only for the purpose checked.)							
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)			
Debt #1 Corp? Yes Owed to or by:	4. Type: LOan	<u> </u>					
Maru Sayer 7290 Helen CenterLine, M1 48015	5. <u>Date Debt Was Incurred</u> : - 0 - 6. <u>Original Amount of Debt</u> : \$	\$ \$ \$	\$	\$__\\$00 forgiven			
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$ _	<u> </u>			
Debt #2 Corp? Yes Owed to or by: Corp? Yes	4. Type:	\$					
7270 Helen	6. Original Amount of Debt:	\$\$		\$ 685			
Center Liney M 48015	s 6.85	\$ \$		FORGIVEN			
If bank loan, name of endorser or guarantor:		Am	nount Endorsed: \$				
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$					
	5. Date Debt Was Incurred:	\$\$					
	6. Original Amount of Debt:	\$	 	\$			
	\$	<u> </u>	Ψ	FORGIVEN			
		<u> </u>	(5.1				
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_				
				1400			

Page Subtotal (Outstanding debt) 17 63

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

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

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

Enter this total

Page 2 of 2



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

CANDIDATE CO	2. Committee Name	triends of	Mary Sauger					
- USE A SEPARATE SHEET FOR EACH EVENT -								
3. Date Event Was Held 5-8-1	4. Number of Individuals or Participating (whicheve greater)	Attending 5. Type of Formula 5.	und Raising Activity and Sept	6. Address and Name (If any) of the place where the activity was held. Apple Annes Common Co				
7. Total Contributions 8. Other Receipts 9. Gross Receipts (Add lines 7 a 10. Total Cost of Event (Total Cost includes In-Kind Co	ntributions and All Exp		the Event)					
11. Check if event was a join Co-Sponsor(s)		nplete the following: tribution Split (%)		Expenditure Split (%)				
	<u> </u>							

1. Committee I.D. Number _

- 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.

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