



**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.

1. Committee I.D. Number FRIENDS OF MARV SAUGEN 136-102		3. This Statement covers From: 1-1-12 to 7-22-12	
2. Committee Name FRIENDS OF MARV SAUGEN		4. Candidate Last Name SAUGEN First Name MARVIN M.I. E	
5. Committee's Mailing Address 7290 HELEN CENTERLINE, MI 48015 Area Code and Phone 313 505 6561 <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>		4a. Office Sought Including District # or Community Served (If applicable) DIST. # 2 COUNTY COMMISSIONER 4b. County of Residence MACOMB 6. Treasurer's Name & Residential Address SAME Area Code & Phone _____	
7. Treasurer's Business Address SAME Area Code and Phone _____		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone _____	
9. TYPE OF STATEMENT			
9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election		9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year)	
Pre-Election or Post-Election Statement relates to:		9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		9e. <input type="checkbox"/> Dissolution of Candidate Committee	
<input type="checkbox"/> Convention <input type="checkbox"/> School		Effective Date of Dissolution _____	
<input type="checkbox"/> Special <input type="checkbox"/> Caucus		By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.	
Date of Election, Convention or Caucus 8-7-12		Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.			
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper MARVIN E SAUGEN Type or Print Name _____ Signature _____ Date 7-24-12			
Candidate MARVIN E SAUGEN Type or Print Name _____ Signature _____ Date 7-24-12			



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 136102

2. Committee Name Friends of Marv Sanger

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>4885</u>	(18.) \$
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	(19.) \$
c. Subtotal of "Contributions"	(3c.) \$	<u>4885</u>	(20.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>0</u>	
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>4885</u>	
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>0</u>	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0</u>	(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>4644</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>4644</u>	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$		(24.) \$
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>1541.10</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>220.74</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>4885.00</u>	
	(15.) = \$	<u>5105.74</u>	
15. SUBTOTAL Add lines 13 and 14			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>4644.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>461.74</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 136-102
2. Committee Name FRIENDS OF MANV SAUGEN

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 Name & Address: <u>JOSEPH LENTINE</u> <u>29377 HOOVER</u> <u>WARREN, MI 48093</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-8-12</u>	<u>\$150.00</u>	<u># 8652</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Cable Installation</u> Employer <u>Lecom Inc.</u> Business Address <u>29377 Hoover Warren, MI 48093</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>COMMITTEE FOR RESPONSIBLE GOVT.</u> <u>5802 VINCENT TRAIL</u> <u>SHELBY TWP. MI 48316</u>	PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>4-11-12</u>	<u>\$110.00</u>	<u># 1078</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: <u>WM1 PAC OF ACHICAN 08-91</u> <u>48797 ALPITA DR SUITE 100</u> <u>WIXOM, MI 48393</u>	PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>5-24-12</u>	<u>\$300.00</u>	<u># 2721</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: <u>FIFTH THIRD BANK CORP PAC</u> <u>FEDERAL ID C00290502 PAC</u> <u>550 E WALNUT STREET</u> <u>COLUMBUS, OHIO 43215</u>	PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>5-25-12</u>	<u>\$300.00</u>	<u># 4138</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 1750



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 136-102

2. Committee Name FRIENDS OF MANUS SAUSEN

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5-1-12</u>	<u>#1973</u>
Name & Address: <u>ROY ROSE</u> <u>55620 WOODRIDGE</u> <u>SHELBY TWP MI 48316</u>		\$ <u>100.00</u>	\$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5-10-12</u>	<u>#9094905696</u>
Name & Address: <u>TIMOTHY TOMLINSON</u> <u>21550 GARFIELD SUITE 1010</u> <u>CLINTON TWP MI 48038</u>		\$ <u>150.00</u>	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>Att'y</u> Employer <u>York Dolan & Tomlinson</u> Business Address <u>42850 Garfield Ste. 101 Clinton Twp. 48038</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5-21-12</u>	<u>#755</u>
Name & Address: <u>CLYDE JONES</u> <u>P.O. Box 535</u> <u>ALBANY, MICH 48003</u>		\$ <u>200.00</u>	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>Self</u> Employer <u>Centerline Electric</u> Business Address <u>26554 Lawrence Centerline, MI 48015</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5-8-12</u>	<u>#1499</u>
Name & Address: <u>VINCENT & MEGAN BRENNAN</u> <u>30078 SCHOLZHEAR SUITE 150</u> <u>WARREN, MI 48088-3150</u>		\$ <u>500.00</u>	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>VP</u> Employer <u>Denali Ethanol Mgmt.</u> Business Address <u>30078 Scholzheer ^{ste} 150 Warren, MI 48088</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 950



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 136 -102

2. Committee Name FRIGAS OF MAN SAVER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5-9-12</u>	<u>#2635</u>
Name & Address: <u>LOUIS LAPIANA</u> <u>208 CATALPA</u> <u>ROYAL OAK, MI 48067</u>		<u>\$150.00</u>	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>Sales TPA</u> Employer <u>ABS</u>		Click Here for Memo Itemization	
Business Address <u>8220 Irving Sterling Hts. MI 48312</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5-3-12</u>	<u>#5251</u>
Name & Address: <u>CARL D'ANDREA</u> <u>11877 TAHITI DR</u> <u>STERLING HOS MI 48312</u>		<u>\$150</u>	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>Banking</u> Employer <u>Fifth Third Bancorp</u>		Click Here for Memo Itemization	
Business Address <u>30700 Van Dyke Warren MI 48093</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5-4-12</u>	<u>#4305</u>
Name & Address: <u>LISA O MARK STEENBEACH</u> <u>11244 ALGER</u> <u>WARREN, MI 48093</u>		<u>\$300.00</u>	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>Govt</u> Employer <u>Macomb Public Works</u>		Click Here for Memo Itemization	
Business Address <u>21777 Dunham Rd. Clinton Twp. MI 48038</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5-4-12</u>	<u>#1651</u>
Name & Address: <u>GEORGE HOLVAR</u> <u>6743 CANDELWOOD</u> <u>WEST BLOOMFIELD, MI 48322</u>		<u>\$150.00</u>	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>QA</u> Employer <u>Health Ins. Services Inc.</u>		Click Here for Memo Itemization	
Business Address <u>26677 W. 12 Mile #135 Southfield, MI 48034</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 750



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 136-102
2. Committee Name FRIENDS OF MARY SAUER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5-1-12</u>	# <u>9889</u>
Name & Address: <u>SALVATORE PO LOMBO</u> <u>26100 VAN DYKE</u> <u>CENTERLINE, MI 48015</u>		\$ <u>300.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>26100 Van Dyke Centerline, MI 48015</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5-4-12</u>	# <u>4015</u>
Name & Address: <u>JAMES PERNA</u> <u>38180 SADDLE LN</u> <u>CLINTON TWP, MI 48136</u>		\$ <u>150.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Credit Union</u> Employer <u>HICU</u> Business Address <u>600 E. Lafayette Detroit, MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5-4-12</u>	# <u>7845</u>
Name & Address: <u>ANTHONY RUBINO</u> <u>38880 SARA</u> <u>CLINTON TWP, MI 48038</u>		\$ <u>150</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Sales</u> Employer <u>MI Tether</u> Business Address <u>43600 Elizabeth Clinton Twp. MI 48036</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>5-3-12</u>	
Name & Address: <u>NANCY MUELLET</u> <u>29350 JEFFERSON</u> <u>ST CLAIR SHORES MI 48081</u>		\$ <u>150.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>NA</u> Employer <u>NA</u> Business Address <u>NA</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 750



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 136102
2. Committee Name Friends of Marv Sayer

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-18-12</u> Name & Address: <u>Sayer Marvin</u> <u>7290 Helen</u> <u>Centerline, MI 48015</u>		\$ <u>685</u>	\$ <u>1485</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>County Commissioner</u> Employer <u>Macomb County</u> Business Address <u>1st Main St, 9th Floor, Mt. Clemens, MI 48043</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

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



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number

136-102

2. Committee Name

FRIENDS OF MARK SAUGEN

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name CAUSINO BOOSTER CLUB Address 30333 HOOPER WARREN MICH 48093 <input type="checkbox"/> Fund Raiser	Purpose: CLUB DONATION Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	5-20-12	100.00
Expenditure #2 Name JAH LION GRAPHICS Address 23561 LAKE POINTE DR CLINTON TWP, MI 48031 <input type="checkbox"/> Fund Raiser	Purpose: CAMPAIGN SIGNS #8257 Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	6-15-12	700.00
Expenditure #3 Name JAH LION GRAPHICS Address 23561 LAKE POINTE DR CLINTON TWP, MI 48031 <input type="checkbox"/> Fund Raiser	Purpose: CAMPAIGN SIGNS Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	6-29-12	705.00
Expenditure #4 Name CITY OF CENTRALINE Address 7070 E TEN MILE CENTRALINE, MI 48015 <input type="checkbox"/> Fund Raiser	Purpose: BOND FOR SIGNS Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	7-21-12	100.00
Expenditure #5 Name AMERICAN GRAPHICS Address 34895 GROESBECK CLINTON TWP, MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: CAMPAIGN LITERATURE Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	5-11-12	2983.00
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			4588

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 136-102
2. Committee Name FRIENDS OF MARY SAUGEN

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>CITY OF CENTERLINE</u> Address <u>7070 E TEN MILE</u> <u>CENTERLINE, MI 48015</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>VOTER LIST</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/29/12</u>	<u>10.00</u>
Expenditure #2 Name <u>WARREN CITY CLERK</u> Address <u>ONE CITY SQUARE</u> <u>SUITE 205</u> <u>WARREN, MICH 48093</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>VOTER LIST</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/22/12</u>	<u>20.00</u>
Expenditure #3 Name <u>CENTERLINE BLOOD DRIVE</u> Address <u>BETTER MAID POTATO CHIPS</u> <u>7070 TEN MILE</u> <u>CENTERLINE, MI 48015</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CONTRIBUTION TO BLOOD DRIVE</u> Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/14/12</u>	<u>26.00</u>
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Expenditure Code _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

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

56.00

4644

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 136102
2. Committee Name Friends of Marv Sauer

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Marv Sauer 7290 Helen Centerline, MI 48015	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>9-18-09</u> 6. <u>Original Amount of Debt:</u> \$ <u>85</u>	2-7-10 \$ <u>3.90</u> \$ 7-3-11 \$ <u>81.10</u> \$ \$	\$ <u>85</u>	\$ <u>0</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Marv Sauer 7290 Helen Centerline, MI 48015	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>6-5-09</u> 6. <u>Original Amount of Debt:</u> \$ <u>125</u>	7-10-11 \$ <u>68.90</u> \$ \$ \$ \$	\$ <u>68.90</u>	\$ <u>56.10</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Marv Sauer 7290 Helen Centerline, MI 48015	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>12-28-09</u> 6. <u>Original Amount of Debt:</u> \$ <u>100</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>100</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

56.10

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

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

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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 136102
2. Committee Name Friends of Marv Sayer

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Marv Sayer 7290 Helen Centerline, MI 48015	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>1-10-11</u> 6. <u>Original Amount of Debt:</u> \$ <u>800</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>800</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Marv Sayer 7290 Helen Centerline, MI 48015	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>6-18-12</u> 6. <u>Original Amount of Debt:</u> \$ <u>685</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>685</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1485

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

1541.10

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 136102
2. Committee Name Friends of Mary Sawyer

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>5-8-12</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>25</u>	5. Type of Fund Raising Activity <u>Campaign Fundraiser</u>	6. Address and Name (If any) of the place where the activity was held. <u>Apple Annes</u> <u>28030 Gratiot</u> <u>Roseville, MI</u> <input type="checkbox"/> Private Residence
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7. Total Contributions 2600

8. Other Receipts 0

9. Gross Receipts (Add lines 7 and 8) 0

10. Total Cost of Event 0
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

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

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