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CANDICE A. SABAUGH
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FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 03/27/12 to 07/22/12

4. Candidate Last Name Klinefelt First Name Veronica M.I. L

4a. Office Sought Including District # or Community Served (If applicable)
County Commissioner D3

4b. County of Residence _____

6. Treasurer's Name & Residential Address
Veronica Klinefelt
16143 Wilson
Eastpointe, MI. 48021

Area Code & Phone (586) 773-7123

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

Area Code and Phone _____

1. Committee I.D. Number
138835

2. Committee Name
Committee to elect Veronica Klinefelt County Commissioner

5. Committee's Mailing Address
16143 Wilson
Eastpointe, MI. 48021

Area Code and Phone (586) 773-7123
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.

7. Treasurer's Business Address
n/a

Area Code and Phone _____

9. TYPE OF STATEMENT

9a. Pre-Election **OR** 9b. Post-Election

Pre-Election or Post-Election Statement relates to:

Primary General
 Convention School
 Special Caucus

Date of Election, Convention or Caucus
08/07/12

9c. Annual Statement (_____ Coverage Year)

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

9e. Dissolution of Candidate Committee

Effective Date of Dissolution

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

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

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.**

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper Veronica Klinefelt Signature Veronica Klinefelt Date 07-24-2012

Candidate Veronica Klinefelt Signature Veronica Klinefelt Date 7-24-2012



1. Committee I.D. Number 138835

2. Committee Name CTE Veronica Klinefelt County Commissioner

**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>12,540.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>12,540.00</u>	(18.) \$ <u>12,540.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>12,540.00</u>	(20.) \$ <u>12,540.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>2,190.78</u>	(21.) \$ <u>2,190.78</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>9,086.47</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>31.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>9,117.47</u>	(23.) \$ <u>9,117.47</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>5,000.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>12,540.00</u>	
	(15.) = \$ <u>12,540.00</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>9,117.47</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>3,422.53</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 138835

2. Committee Name CTE Veronica Klinefelt County Commission

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: Veronica Klinefelt 16143 Wilson Eastpointe, MI. 48021	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/30/12</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>None</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>5,000.00</u>	\$ <u>5,000.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: Walter Jakubiec 18318 Holland Eastpointe, MI. 48021	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/30/12</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: Paul Jokiel 22170 Gascony Eastpointe, MI. 48021	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/30/12</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: Ruth Geller 8400 Engleman, Apt. 109 Centerline, MI. 48015	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/06/12</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		\$ <u>20.00</u>	\$ <u>20.00</u>
		Click Here for Memo Itemization	

Page Subtotal **\$5,220.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 138835
2. Committee Name Committee to elect Veronica Klinefelt County Commissioner

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: Carol Hodge 24891 Laetham Eastpointe, MI. 48021	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/06/12</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 Name & Address: Ira Klinefelt 1004 E. Huron Bad Axe, MI. 48413	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/17/12</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3 Name & Address: Switalski for Congress 31412 Gay Roseville, MI. 48066	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name & Address: Colleen C. Cohan 17402 St. Theresa Dr. Olney, MD. 20832	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/04/12</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Associate General Council United Healthcare</u>		Click Here for Memo Itemization	
Business Address <u>800 King Farm Blvd. Suite 500, Rockville, MD. 20850</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **\$550.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 138835

2. Committee Name CTE Veronica Klinefelt County Commissioner

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/29/12

Name & Address:
Veronica Klinefelt
16143 Wilson,
Eastpointe, MI. 48021

6. Amount \$ 5,000.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 10,000.00

5. If over \$100.00 cumulative, please provide:
Occupation none Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 2 PAC Receipt? YES 4. Date of Receipt 07/05/12

Name & Address:
Mike Toutant
2444 Loch Creek Way
Bloomfield Hills, MI. 48304

6. Amount \$ 100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100.00

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

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 07/05/12

Name & Address:
Ginny Palubin
8717 Paulina Drive
Sterling Heights, MI. 48312

6. Amount \$ 20.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 20.00

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

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/06/12

Name & Address:
Lois Johnson
27529 River Lane
Flat Rock, MI. 48134

6. Amount \$ 100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 100.00

5. If over \$100.00 cumulative, please provide:
Occupation Retired Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal \$5,220.00

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 138835
2. Committee Name CTE Veronica Klinefelt County Commissioner

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: Ron LaForest 23039 Rosalind Eastpointe, MI. 48021	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/15/12</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Agent</u> Employer <u>AGLA</u> Business Address <u>10801 South Saginaw St. Suite D. 1. Grand Blank, MI. 48439</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>200.00</u>	\$ <u>200.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: Paul Jokiel 22170 Gascony Eastpointe, MI. 48021	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/17/12</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>50.00</u>	\$ <u>150.00</u>
		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Annette Mack 16153 Wilson Eastpointe, MI. 48021	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/17/12</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		\$ <u>60.00</u>	\$ <u>60.00</u>
		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Colleen Cohan 17402 St. Theresa Olney, MD 20832	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</u>	
5. If over \$100.00 cumulative, please provide: <i>(Attorney)</i> Occupation <u>Associate General Council</u> Employer <u>United Healthcare</u> Business Address <u>800 King Farm Blvd. Suite 500, Rockville, MD. 20850</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>20.00</u>	\$ 250.00 ^{270.00}
		Click Here for Memo Itemization	

Page Subtotal **\$660.00**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 138835

2. Committee Name CTE Veronica Klinefelt County Commissioner

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: Annette Demsich 24941 Laetham Eastpointe, MI. 48021	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</u>	\$ <u>20.00</u> \$ <u>20.00</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 Name & Address: Carol Hodge 24891 Laetham Eastpointe, MI. 48021	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</u>	\$ <u>20.00</u> \$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> 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 # 3 Name & Address: Marilyn Rogers 24891 Laetham Eastpointe, MI. 48021	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</u>	\$ <u>20.00</u> \$ <u>20.00</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 # 4 Name & Address: Ronald LaForest 23039 Rosalind, Eastpointe, MI. 48021	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</u>	\$ <u>20.00</u> \$ <u>220.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Agent</u> Employer <u>AGLA</u> Business Address <u>10801 South Saginaw, Suite D. 1, Grand Blank, MI. 48439</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 **\$80.00**

Grand Total of All Schedules 1A
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Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138835
2. Committee Name CTE Veronica Klinefelt County Commissioner

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>07/18/12</u> Name & Address: Jeff Lubek 18255 Rosetta Eastpointe, MI. 48021	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: <div style="display: flex; justify-content: space-between;"> Occupation _____ Employer _____ Click Here for Memo Itemization </div> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/18/12</u> Name & Address: Sue Bryant 23021 Marine Eastpointe, MI. 48021	\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: <div style="display: flex; justify-content: space-between;"> Occupation _____ Employer _____ Click Here for Memo Itemization </div> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/18/12</u> Name & Address: Walter Jakubiec 18318 Holland Eastpointe, MI. 48021	\$ <u>20.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: <div style="display: flex; justify-content: space-between;"> Occupation <u>Retired</u> Employer _____ Click Here for Memo Itemization </div> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/18/12</u> Name & Address: Lois Johnson 27529 River Lane Flat Rock, MI. 48134	\$ <u>20.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: <div style="display: flex; justify-content: space-between;"> Occupation <u>Retired</u> Employer _____ Click Here for Memo Itemization </div> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **\$95.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 138835

2. Committee Name CTE Veronica Klinefelt County Commissioner

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: Anne Kliffel 22074 Shroeder Eastpointe, MI. 48021	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</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		\$ <u>20.00</u>	\$ <u>20.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: Nell Druzinski 15362 Collinson Eastpointe, MI. 48021	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</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		\$ <u>50.00</u>	\$ <u>50.00</u>
		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Sandra Delgado 16133 Wilson, Eastpointe, MI. 48021	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</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		\$ <u>20.00</u>	\$ <u>20.00</u>
		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Dan Delgado <i>24764 Beck</i> <i>Eastpointe, MI. 48021</i>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</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		\$ <u>20.00</u>	\$ <u>20.00</u>
		Click Here for Memo Itemization	

Page Subtotal

110.00

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138835
2. Committee Name CTE Veronica Klinefelt County Commissioner

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>07/18/12</u> Name & Address: Brandy Ahmed 256 S. Waverly Dearborn, MI. 48124	\$ <u>20.00</u>	\$ <u>20.00</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>07/18/12</u> Name & Address: Ryan Ahmed 256 S. Waverly Dearborn, MI. 48124	\$ <u>20.00</u>	\$ <u>20.00</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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/18/12</u> Name & Address: Charlie Frontera 25240 Blumfeld Roseville, MI. 48066	\$ <u>25.00</u>	\$ <u>25.00</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 # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/18/12</u> Name & Address: Emily Klinefelt 16143 Wilson Eastpointe, MI. 48021	\$ <u>20.00</u>	\$ <u>20.00</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		

Page Subtotal **\$85.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 138835
2. Committee Name CTE Veronica Klinefelt County Commissioner

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: Charles Klinefelt 16143 Wilson Eastpointe, MI. 48021	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</u>	\$ <u>20.00</u> \$ <u>20.00</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 Name & Address: Jenny Klinefelt 5600 Pointe Dr. East China, MI. 48054	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</u>	\$ <u>20.00</u> \$ <u>20.00</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 # 3 Name & Address: Greg Devito 17618 Stephens Eastpointe, MI. 48021	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</u>	\$ <u>50.00</u> \$ <u>50.00</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 # 4 Name & Address: Linda Smith 22156 Normandy Eastpointe, MI. 48021	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</u>	\$ <u>20.00</u> \$ <u>20.00</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	

Page Subtotal \$110.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 138835

2. Committee Name CTE Veronica Klinefelt County Commissioner

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: Marge Labelle 24622 Balley Eastpointe, MI. 48021	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</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		\$ <u>20.00</u>	\$ <u>20.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: Frank Podsiadlik 16113 Wilson Eastpointe, MI. 48021	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</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		\$ <u>20.00</u>	\$ <u>20.00</u>
		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Margaret Podsiadlik 16113 Wilson Eastpointe, MI. 48021	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</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		\$ <u>20.00</u>	\$ <u>20.00</u>
		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Annette Mack 16153 Wilson Eastpointe, MI. 48021	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</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		\$ <u>40.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	

Page Subtotal **\$100.00**

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 138835
2. Committee Name CTE Veronica Klinefelt County Commissioner

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 07/18/12

Name & Address:

Don Gillespie
21003 Virginia
Eastpointe, MI. 48021

\$ 20.00

\$ 20.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 07/18/12

Name & Address:

Becky Gillespie
21003 Virginia
Eastpointe, MI. 48021

\$ 20.00

\$ 20.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/18/12

Name & Address:

Kayla Toth
23068 Cushing
Eastpointe, MI. 48021

\$ 20.00

\$ 20.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 07/18/12

Name & Address:

Collin Murray
22325 Yale,
St. Clair Shores, MI. 48081

\$ 20.00

\$ 20.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal **\$80.00**

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 138835
2. Committee Name CTE Veronica Klinefelt County Commissioner

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: Jamie West 22301 Englehardt St. Clair Shores, MI. 48080	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</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		\$ <u>20.00</u>	\$ <u>20.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: Sarah Lukas 19438 Faulman Clinton Twp, MI. 48035	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</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		\$ <u>20.00</u>	\$ <u>20.00</u>
		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Anthony Cook 18512 Holland Eastpointe, MI. 48021	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</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		\$ <u>20.00</u>	\$ <u>20.00</u>
		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Linda Cook 18512 Holland Eastpointe, MI. 48021	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</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		\$ <u>40.00</u>	\$ <u>40.00</u>
		Click Here for Memo Itemization	

Page Subtotal 100.00
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138835
2. Committee Name CTE Veronica Klinefelt County Commissioner

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>07/18/12</u>	
Name & Address: Veronica McCarthy 26715 Margaret Roseville, MI. 48066		\$ <u>20.00</u>	\$ <u>20.00</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>07/18/12</u>	
Name & Address: Craig Brozowski 24874 Valley Eastpointe, MI. 48021		\$ <u>20.00</u>	\$ <u>20.00</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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</u>	
Name & Address: April Brozowski 24874 Valley Eastpointe, MI. 48021		\$ <u>20.00</u>	\$ <u>20.00</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 # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</u>	
Name & Address: Doug Meress 12308 Landsdown Detroit, MI. 48224		\$ <u>20.00</u>	\$ <u>20.00</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	

Page Subtotal **\$80.00**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138835
2. Committee Name CTE Veronica Klinefelt County Commissioner

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: Bill Sweeney 15703 Camden Eastpointe, MI. 48021	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</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		\$ <u>20.00</u>	\$ <u>20.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: Peggy Sweeney 15703 Camden Eastpointe, MI. 48021	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</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		\$ <u>20.00</u>	\$ <u>20.00</u>
		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Mike Weber 29722 Utica Roseville, MI. 48066	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</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		\$ <u>20.00</u>	\$ <u>20.00</u>
		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Jennifer Stanczak 21607 E. 10 Mille St. Clair Shores, MI. 48080	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</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		\$ <u>20.00</u>	\$ <u>20.00</u>
		Click Here for Memo Itemization	

Page Subtotal **\$80.00**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138835
2. Committee Name CTE Veronica Klinefelt County Commissioner

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>07/18/12</u> Name & Address: Al Schroder 24879 Laetham Eastpointe, Mi. 48021	\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization 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		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/18/12</u> Name & Address: Darlene Young 20818 Universal Eastpointe, Mi. 48021	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization 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		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/18/12</u> Name & Address: Kathy Tocco 31669 Kendall Frasier, Mi. 48026	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization 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		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/18/12</u> Name & Address: Dionne Boza 16120 Wilson Eastpointe, Mi. 48021	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization 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		

Page Subtotal **\$100.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 138835
2. Committee Name CTE Veronica Klinefelt County Commissioner

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: Sherry Little 19912 Gaukler St. Clair Shores, MI. 48080	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</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		\$ <u>20.00</u>	\$ <u>20.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: Jay Little 19912 Gail;er St. Clair Shores, MI. 48080	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</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		\$ <u>20.00</u>	\$ <u>20.00</u>
		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Mark Klinefelt 26351 Hollywood Roseville, MI. 48066	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</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		\$ <u>20.00</u>	\$ <u>20.00</u>
		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Antoinette Klinefelt 26351 Hollywood Roseville, MI. 48066	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</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		\$ <u>20.00</u>	\$ <u>20.00</u>
		Click Here for Memo Itemization	

Page Subtotal **\$80.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 138835
2. Committee Name CTE Veronica Klinefelt County Commissioner

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: Kelly Smith 19178 Collinson Eastpointe, MI. 48021	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</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		\$ <u>20.00</u>	\$ <u>20.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: Alex Schall 28111 Jefferson Apt. D4 St. Clair Shores, MI 48080	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</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		\$ <u>20.00</u>	\$ <u>20.00</u>
		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Desmond Wright-Glen 2560 E. Grand Blvd. Apt 117 Detroit, MI. 48211	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</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		\$ <u>20.00</u>	\$ <u>20.00</u>
		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Mike Klinefelt 16143 Wilson Eastpointe, MI. 48021	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</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		\$ <u>20.00</u>	\$ <u>20.00</u>
		Click Here for Memo Itemization	

Page Subtotal **\$80.00**

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 138835
2. Committee Name CTE Veronica Klinefelt County Commissioner

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: Rich Arvo 16454 Chesterfield	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</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		\$ <u>20.00</u>	\$ <u>20.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: Carole Arvo 16454 Chesterfield Eastpointe, Mi. 48021	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/18/12</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		\$ <u>20.00</u>	\$ <u>20.00</u>
		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address:	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
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 Name & Address:	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
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 ~~\$00.00~~ 40.00

Grand Total of All Schedules 1A
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 138835

CANDIDATE COMMITTEE

2. Committee Name CTE Veronica Klinefelt County Commissioner

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Klinefelt, Veronica 16143 Wilson Eastpointe, MI. 48021 If over \$100.00 cumulative, please provide: Occupation: <u>none</u> Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Ink cartridges</u> 5. Date Of Receipt: <u>04/04/12</u> 6. Vendor Name & Address: Costco 27118 Gratiot Roseville, MI. 48066	\$ <u>142.76</u>	\$ <u>142.76</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Klinefelt, Veronica 16143 Wilson Eastpointe, MI. 48021 If over \$100.00 cumulative, please provide: Occupation: <u>none</u> Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>walking list</u> 5. Date Of Receipt: <u>04/12/12</u> 6. Vendor Name & Address: Practical Political Consulting 220 Albert Ave. East Lansing, MI. 48823	\$ <u>131.64</u>	\$ <u>274.40</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Klinefelt, Veronica 16143 Wilson Eastpointe, MI. 48021 If over \$100.00 cumulative, please provide: Occupation: <u>none</u> Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Glue, staples, wood</u> 5. Date Of Receipt: <u>06/19/12</u> 6. Vendor Name & Address: Home Depot 25879 Hoover Warren, MI. 48089	\$ <u>85.96</u>	\$ <u>360.36</u>

Page Subtotal **\$360.36**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 138835

CANDIDATE COMMITTEE

2. Committee Name CTE Veronica Klinefelt County Commissioner

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Klinefelt, Veronica 16143 Wilson Eastpointe, MI. 48021 If over \$100.00 cumulative, please provide: Occupation: <u>none</u> Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>voter list</u> 5. Date Of Receipt: <u>06/21/12</u> 6. Vendor Name & Address: City of Warren One City Square, Suite 205 Warren, MI. 48092 <input type="checkbox"/> Fund Raiser Contribution	\$ <u>20.00</u> \$ _____	
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Klinefelt, Veronica 16143 Wilson Eastpointe, MI. 48021 If over \$100.00 cumulative, please provide: Occupation: <u>none</u> Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>voter list</u> 5. Date Of Receipt: <u>06/21/12</u> 6. Vendor Name & Address: City of St. Clair Shores 27600 Jefferson St. Clair Shores, MI. 48081 <input type="checkbox"/> Fund Raiser Contribution	\$ <u>20.00</u> \$ _____	
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Klinefelt, Veronica 16143 Wilson Eastpointe, MI. 48021 If over \$100.00 cumulative, please provide: Occupation: <u>none</u> Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>voter list</u> 5. Date Of Receipt: <u>6/21/12</u> 6. Vendor Name & Address: City of Eastpointe 23200 Gratiot Ave. Eastpointe, MI. 48021 <input type="checkbox"/> Fund Raiser Contribution	\$ <u>10.00</u> \$ <u>410.36</u>	

Page Subtotal **\$50.00**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 138835

CANDIDATE COMMITTEE

2. Committee Name CTE Veronica Klinefelt County Commissioner

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Klinefelt, Veronica 16143 Wilson Eastpointe, MI. 48021 If over \$100.00 cumulative, please provide: Occupation: <u>none</u> Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Post driver</u> 5. Date Of Receipt: <u>07/04/12</u> 6. Vendor Name & Address: Home Depot 20500 13 Mile Rd. Roseville, MI. 48066 <input type="checkbox"/> Fund Raiser Contribution	\$ <u>29.62</u>	\$ <u>439.98</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Klinefelt, Veronica 16143 Wilson Eastpointe, MI. 48021 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Ink Cartridges</u> 5. Date Of Receipt: <u>07/09/12</u> 6. Vendor Name & Address: Office Depot 19001 E. 9 Mile Eastponte, MI. 48021 <input type="checkbox"/> Fund Raiser Contribution	\$ <u>227.83</u>	\$
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Klinefelt, Veronica 16143 Wilson Eastpointe, MI. 48021 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <u>none</u>	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>voter list</u> 5. Date Of Receipt: <u>07/09/12</u> 6. Vendor Name & Address: City of St. Clair Shores 27600 Jefferson Eastpointe, MI. 48081 <input type="checkbox"/> Fund Raiser Contribution	\$ <u>13.00</u>	\$ <u>680.81</u>

Page Subtotal **\$270.45**

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

Enter this total
on line 6 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 138835

2. Committee Name CTE Veronica Klinefelt County Commissioner

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Klinefelt, Veronica 16143 Wilson Eastpointe, MI. 48021 If over \$100.00 cumulative, please provide: Occupation: <u>none</u> Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>voter list</u> 5. Date Of Receipt: <u>07/09/12</u> 6. Vendor Name & Address: City of Eastpointe 23200 Gratiot Ave. Eastpointe, MI. 48021	\$ <u>14.00</u>	\$ <u>694.81</u>
<input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>mailing</u> 5. Date Of Receipt: <u>07/10/12</u> 6. Vendor Name & Address: Manhattan Mailers 51132 Milano Macomb, MI. 48042	\$ <u>1140.00</u>	\$ <u>1834.81</u>
<input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Fundraiser Bill</u> 5. Date Of Receipt: <u>07/18/12</u> 6. Vendor Name & Address: O'Hara's 16091 10 Mile Eastpointe, MI. 48021	\$ <u>212.50</u>	\$ <u>2047.31</u>

Page Subtotal **\$1,366.50**

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

Enter this total
on line 6 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 138835

CANDIDATE COMMITTEE

2. Committee Name CTE Veronica Klinefelt County Commissioner

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
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Contribution # 1 Name & Address: Dave Meress 17074 Penrod Clinton Twp, MI. 48035 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	PAC Receipt? <input type="checkbox"/> Yes	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Fundraiser supplies, napkins, rolls, etc.</u>	\$ <u>53.47</u>	\$ <u>53.47</u>
		5. Date Of Receipt: <u>07/18/12</u>		
		6. Vendor Name & Address: Costco 27118 Gratiot Roseville, MI. 48066	Click Here for Memo Itemization	
<input checked="" type="checkbox"/> Fund Raiser Contribution				

Contribution # 2 Name & Address: Robin Meress 17074 Penrod Clinton Twp, MI. 48035 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	PAC Receipt? <input type="checkbox"/> Yes	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Pasta, sauce, salad</u>	\$ <u>90.00</u>	\$ <u>90.00</u>
		5. Date Of Receipt: <u>07/18/12</u>		
		6. Vendor Name & Address:	Click Here for Memo Itemization	
<input checked="" type="checkbox"/> Fund Raiser Contribution				

Contribution #3 Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	PAC Receipt? <input type="checkbox"/> Yes	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____	\$ _____	\$ _____
		5. Date Of Receipt: _____		
		6. Vendor Name & Address:	Click Here for Memo Itemization	
<input type="checkbox"/> Fund Raiser Contribution				

Page Subtotal **\$143.47**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$2,190.78**

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 138835
2. Committee Name CTE Veronica Klinefelt County Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Xpedx Address 1376 Rankin Troy, MI. 48083 <input type="checkbox"/> Fund Raiser	Purpose: <u>Card Stock</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/04/12</u> Date	<u>\$ 717.39</u> Click Here for Memo Itemization Type
Expenditure #2 Name Munro Printing Address 16145 E. 10 Mile Eastpointe, MI. 48021 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/09/12</u> Date	<u>\$ 500.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name Sawicki & Son Address 1521 W. Lafayette Detroit, MI. 48216 <input type="checkbox"/> Fund Raiser	Purpose: <u>Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/09/12</u> Date	<u>\$ 900.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name Munro Printing Address 16145 E. 10 Mile Eastpointe, MI. 48021 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/13/12</u> Date	<u>\$ 1045.48</u> Click Here for Memo Itemization Type
Expenditure #5 Name U.S. Post Office Address 22430 Gratiot Eastpointe, MI. 48021 <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/20/12</u> Date	<u>\$ 45.00</u> Click Here for Memo Itemization Type

Subtotal this page **\$3,207.87**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 138835
2. Committee Name CTE Veronica Klinefelt County Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Office Depot Address 19001 E. 9 Mile Rd. Eastpointe, MI. 48021 <input type="checkbox"/> Fund Raiser	Purpose: <u>Envelopes</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/20/12</u> Date	<u>\$ 9.00</u>
Expenditure #2 Name Sawicki & Son Address 1521 W. Lafayette Detroit, MI. 48216 <input type="checkbox"/> Fund Raiser	Purpose: <u>Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/27/12</u> Date	<u>\$ 923.20</u>
Expenditure #3 Name Home Depot Address 25879 Hoover Road Warren, MI. 48089 <input type="checkbox"/> Fund Raiser	Purpose: <u>Wood for signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/27/12</u> Date	<u>\$ 85.96</u>
Expenditure #4 Name Granger Address 24940 Groesbeck Hwy. Warren, MI. 48089 <input type="checkbox"/> Fund Raiser	Purpose: <u>Zip ties</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/25/12</u> Date	<u>\$ 32.97</u>
Expenditure #5 Name Home Depot Address 25879 Hoover Rd. Warren, MI. 48089 <input type="checkbox"/> Fund Raiser	Purpose: <u>Poles</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/26/12</u> Date	<u>\$ 179.02</u>

Subtotal this page **\$1,230.15**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 138835
2. Committee Name CTE Veronica Klinefelt County Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Mass Mailing Address 35468 Mound Road Sterling Heights, MI. 48310 <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/12</u> Date	<u>\$ 1113.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name Munro Printing Address 16145 E. 10 Mile Eastpointe, MI. 48021 <input type="checkbox"/> Fund Raiser	Purpose: <u>Literature</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/12</u> Date	<u>\$ 614.80</u> Click Here for Memo Itemization Type
Expenditure #3 Name Office Depot Address 19001 9 Mile Rd. Eastpointe, MI. 48021 <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps/labels</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/12</u> Date	<u>\$ 139.26</u> Click Here for Memo Itemization Type
Expenditure #4 Name Costco Address 27118 Gratiot Roseville, MI. 48066 <input type="checkbox"/> Fund Raiser	Purpose: <u>Ink</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/07/12</u> Date	<u>\$ 163.43</u> Click Here for Memo Itemization Type
Expenditure #5 Name Meijer Address 30800 Little Mack Roseville, MI. 48066 <input type="checkbox"/> Fund Raiser	Purpose: <u>Ink</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/09/12</u> Date	<u>\$ 44.50</u> Click Here for Memo Itemization Type

Subtotal this page **\$2,074.99**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 138835
2. Committee Name CTE Veronica Klinefelt County Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Office Depot Address 19001 9 Mile Eastpointe, MI. 48021 <input type="checkbox"/> Fund Raiser	Purpose: <u>Address labels</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/09/12</u> Date	<u>\$ 26.48</u> Click Here for Memo Itemization Type
Expenditure #2 Name Sawicki & Son Address 1521 W. Lafayette Detroit, MI. 48216 <input type="checkbox"/> Fund Raiser	Purpose: <u>Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/17/12</u> Date	<u>\$ 535.30</u> Click Here for Memo Itemization Type
Expenditure #3 Name Manhattan Mailers Address 51132 Milano Drive Macomb, MI. 48021 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing & Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/17/12</u> Date	<u>\$ 1974.58</u> Click Here for Memo Itemization Type
Expenditure #4 Name Sawicki & Son Address 1521 W. Lafayette Detroit, MI. 48216 <input type="checkbox"/> Fund Raiser	Purpose: <u>Wires</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/17/12</u> Date	<u>\$ 37.10</u> Click Here for Memo Itemization Type
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type

Subtotal this page **\$2,573.46**
Grand Total of all Schedules 1B (Complete on last page of Schedule) **9086.47**

Enter this total on line 8a of Summary Page



**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138835
2. Committee Name CTE Veronica Klinefelt County Commissioner

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: Veronica Klinefelt 16143 Wilson Eastpointe, MI. 48021	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06/29/12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 5,000.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>5,000.00</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:	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: \$ _____		
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) **\$5,000.00**

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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138835
2. Committee Name Committee to elect Veronica Klinefelt County Commissioner

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>07/18/12</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>59</u>	5. Type of Fund Raising Activity <u>Pasta Dinner</u>	6. Address and Name (if any) of the place where the activity was held. <u>O'Hara's</u> <u>16091 E. 10 Mile Rd.</u> <u>Eastpointe, MI. 48021</u> <input type="checkbox"/> Private Residence
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7. Total Contributions \$1,240.00

8. Other Receipts \$0.00

9. Gross Receipts (Add lines 7 and 8) \$1,240.00

10. Total Cost of Event \$362.50
(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.