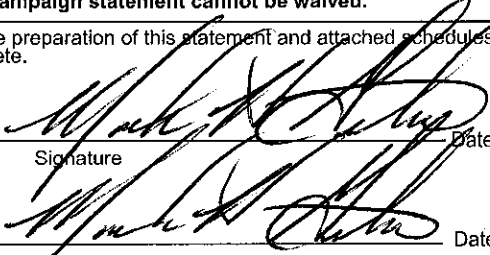
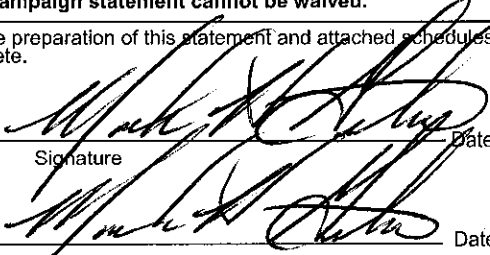




**CANDIDATE COMMITTEE  
COVER PAGE**

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 <b>138331</b>		3. This Statement covers From: <u>01/31/12</u> to <u>07/22/12</u>	
2. Committee Name <b>CTE MARK H. GRABOW</b>		4. Candidate Last Name <b>Grabow</b> First Name <b>Mark</b> M.I. <b>H</b> 4a. Office Sought Including District # or Community Served (If applicable) <b>Macomb Township Supervisor</b> 4b. County of Residence	
5. Committee's Mailing Address <b>20125-25 Mile Road Macomb, Michigan 48042</b> Area Code and Phone <b>(586) 649-1423</b> <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>		6. Treasurer's Name & Residential Address <b>Mark H. Grabow 20125-25 Mile Road Macomb, Michigan 48042</b> Area Code & Phone <b>(586) 649-1243</b>	
7. Treasurer's Business Address <b>Same Address</b> Area Code and Phone		8. Designated Record keeper's Name and Mailing Address (If the Committee has a Designated Record keeper) <b>Mark H. Grabow 20125 - 25 Mile Road Macomb, Michigan 48042</b> Area Code and Phone	
<b>9. TYPE OF STATEMENT</b> 9a. <input checked="" type="checkbox"/> Pre-Election <b>OR</b> 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <b>08/07/12</b> 9c. <input type="checkbox"/> Annual Statement ( _____ Coverage Year) 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> 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.			
<small>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. <b>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.</b></small>			
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 <b>Mark H. Grabow</b> Type or Print Name		 Signature Date <b>07/25/12</b>	
Candidate <b>Mark H. Grabow</b> Type or Print Name		 Signature Date <b>07/25/12</b>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 138331

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name CTE Mark H. Grabow

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>3,475.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>3,475.00</u>	(18.) \$ <u>3,525.00</u>
<b>4. Other Receipts</b> (Schedule 1A -1, Column 6)	(4.) \$	<u>0.00</u>	(19.) \$ <u>0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>3,475.00</u>	(20.) \$ <u>3,525.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
<b>6. In-Kind Contributions</b> (Schedule 1-IK, Column 7)	(6.) \$	<u>0.00</u>	(21.) \$ <u>0.00</u>
<b>7. In-Kind Expenditures</b> (Schedule 1B-IK, Column 6)	(7.) \$	<u>0.00</u>	(22.) \$ <u>0.00</u>
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>2,674.00</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>0.00</u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>2,674.00</u>	(23.) \$ <u>2,689.90</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
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>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	<u>0.00</u>	(24.) \$ <u>0.00</u>
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>1,900.11</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>0.00</u>	
<b>BALANCE STATEMENT</b>			
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$	<u>917.76</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>3,475.00</u>	
	(15.) = \$	<u>4,392.76</u>	
<b>15. SUBTOTAL</b> Add lines 13 and 14			
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$	<u>2,674.80</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	<u>1,717.96</u>	*



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138331  
2. Committee Name CTE Mark Grabow

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 checked="" type="checkbox"/> YES      4. Date of Receipt <u>4/27/12</u> Name & Address: <u>WMI PAC OF Michigan</u> <u>48797 Alpha Dr. Ste# 100</u> <u>Wixom, MI 48393</u>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PAC</u> Employer _____ Business Address <u>48797 Alpha Dr. Ste# 100, Wixom MI 48393</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>4/30/12</u> Name & Address: <u>Nicholas J. Giuto, Jr.</u> <u>41100 Conger Bay Dr.</u> <u>Harrison Township, MI 48045</u>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>Nick's Towing, INC</u> Business Address <u>42870 N. Walnut, Clinton Township, MI 48036</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>6/29/12</u> Name & Address: <u>Seibert and Dloski</u> <u>19500 Hall Road, Ste#101</u> <u>Clinton Township, MI 48038</u>		\$ <u>250.00</u>	\$ <u>445.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>SELF Employed</u> Business Address <u>19500 Hall Road, Ste#101 Clinton township MI 48038</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>4/10/12</u> Name & Address: <u>W. Lland MacMachen</u> <u>22251 Beech Knoll Dr.</u> <u>Macomb, MI 48044</u>		\$ <u>65.00</u>	\$ <u>65.00</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		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal \$ 1,015.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) 1015.00

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 138331

2. Committee Name CTE Mark Grabow

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

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES

4. Date of Receipt 4/14/12

Name & Address:

Rath Bone LLC  
50900 Corporate Dr.

Macomb, MI 48044

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

Occupation OWNER

Employer Rath Bone

Business Address 50900 Corporate Dr. Macomb, MI 48044

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

\$ 195.00 \$ 195.00

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 4/15/12

Name & Address:

Jacqueline K. Bayer  
18965 RiverPark Blvd.

Macomb, MI 48044

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

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

\$ 100.00 \$ 100.00

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 4/15/12

Name & Address:

Kenneth Stamper  
42822 Garfield Rd. Ste 105  
Clinton Township, MI 48038

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

Occupation CONSTRUCTION

Employer Kenneth Stamper

Business Address 42822 Garfield Rd Clinton Township, MI 48038

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

\$ 500.00 \$ 500.00

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 4/15/12

Name & Address:

Laura Campbell  
6690 Vermorel Dr.  
Troy, MI 48098

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

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

\$ 100.00 \$ 100.00

[Click Here for Memo Itemization](#)

Page Subtotal

895.00

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

1910.00

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 138331  
2. Committee Name CTE Mark Grabow

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>DONAVAN L. CIMINELLI</u> <u>39812 Schroeder Dr.</u> <u>Clinton Township, MI 48038</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/2/12</u>	\$ <u>65.00</u>	\$ <u>65.00</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: <u>Kenneth Leslie</u> <u>4514 Wintergreen Dr.</u> <u>Troy, MI 48098</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3/30/12</u>	\$ <u>65.00</u>	\$ <u>65.00</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: <u>Renee Michaels</u> <u>15923 Bently Cr. N.</u> <u>Macomb MI 48044</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/15/12</u>	\$ <u>130.00</u>	\$ <u>130.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Business owner</u> Employer <u>Self Employed</u> Business Address <u>15923 Bently Cr. N. Macomb, MI 48044</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 Name & Address: <u>John Jos Jendza</u> <u>P.O. Box 46024</u> <u>MT. CLEMENS, MI 48046</u>	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/15/12</u>	\$ <u>65.00</u>	\$ <u>65.00</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 325.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) 2236.00

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138331  
2. Committee Name CTE Mark Grabow

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 Name & Address: <u>Brian Scott Denuynek</u> <u>48774 Pointe Lakeview</u> <u>Chesterfield, MI 48047</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	4. Date of Receipt <u>4/15/12</u> <div style="text-align: right; padding-top: 20px;"> <u>\$ 65.00</u>    <u>\$ 65.00</u> </div> <div style="text-align: right; padding-top: 10px;"> <a href="#">Click Here for Memo Itemization</a> </div>		
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES Name & Address: <u>Thomas Paul</u> <u>39434 Lakeshore Dr.</u> <u>Harrison Township, MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Self Employed</u> Employer _____ Business Address <u>39434 Lakeshore Dr. Harrison Township, MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser <u>48045</u>	4. Date of Receipt <u>4/15/12</u> <div style="text-align: right; padding-top: 20px;"> <u>\$ 130.00</u>    <u>\$ 130.00</u> </div> <div style="text-align: right; padding-top: 10px;"> <a href="#">Click Here for Memo Itemization</a> </div>		
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES Name & Address: <u>David Cheesebro</u> <u>81 Chateaux Du Lac</u> <u>Fenton, MI 48430</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	4. Date of Receipt <u>3/29/12</u> <div style="text-align: right; padding-top: 20px;"> <u>\$ 65.00</u>    <u>\$ 65.00</u> </div> <div style="text-align: right; padding-top: 10px;"> <a href="#">Click Here for Memo Itemization</a> </div>		
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES Name & Address: <u>ALBERT ADDIS</u> <u>10 South main St. Ste# 200</u> <u>MT. CLEMENS, MI 48043</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self Employed</u> Business Address <u>10 S. main St. Ste# 200 Mt. Clemens, MI 48043</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	4. Date of Receipt <u>4/15/12</u> <div style="text-align: right; padding-top: 20px;"> <u>\$ 195.00</u>    <u>\$ 195.00</u> </div> <div style="text-align: right; padding-top: 10px;"> <a href="#">Click Here for Memo Itemization</a> </div>		

Page Subtotal 455.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) 2690.00

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 138331

2. Committee Name CTE Mark Grabow

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? <input type="checkbox"/> YES	4. Date of Receipt <u>4/10/10</u>	
Name & Address: <u>Barbara Rossman</u> <u>54311 Queensborough Dr.</u> <u>Shelby Township, MI 48315</u>			
5. If over \$100.00 cumulative, please provide:			
Occupation <u>CEO</u>	Employer <u>Henry Ford Hospital</u>		
Business Address <u>Henry Ford Macomb Hospital, 19 mile RD</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>
		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/12/12</u>	
Name & Address: <u>Stephen R. Saph, Jr</u> <u>44 Macomb Place</u> <u>Mt. Clemens, MI 48046</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>65.00</u>	\$ <u>65.00</u>
		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>4/6/12</u>	
Name & Address: <u>Benjamin J. Aloia</u> <u>485. Main St. Ste #3</u> <u>Mt. Clemens, MI 48043</u>			
5. If over \$100.00 cumulative, please provide:			
Occupation <u>Attorney</u>	Employer <u>Self Employed</u>		
Business Address <u>485 Main St. Ste #3 Mt. Clemens, MI 48043</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct	<input type="checkbox"/> Loan from a person	<input checked="" type="checkbox"/> Fund Raiser	
		\$ <u>130.00</u>	\$ <u>130.00</u>
		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>3/27/12</u>	
Name & Address: <u>Fischer Baron and Hoyumpa</u> <u>48 Market St. Ste #2B</u> <u>Mt. Clemens, MI 48043</u>			
5. If over \$100.00 cumulative, please provide:			
Occupation <u>Attorney</u>	Employer <u>Self Employed</u>		
Business Address <u>48 Market St. Ste #2B</u>			
Type of Contribution: <input checked="" type="checkbox"/> Direct	<input type="checkbox"/> Loan from a person	<input checked="" type="checkbox"/> Fund Raiser	
		\$ <u>195.00</u>	\$ <u>195.00</u>
		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal

\$90.00

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

3280.00

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 138331  
2. Committee Name CTE Mark Grabow

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 3/30/12

Name & Address:

Seibert and Dloski  
19500 Hall RD Sk+101  
Clinton Township, MI 48038

\$ 195.00 \$ 195

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

Occupation Attorney Employer SELF Employed

[Click Here for Memo Itemization](#)

Business Address 19500 Hall RD, Sk+101, Clinton Township, MI

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser 48038

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt \_\_\_\_\_

Name & Address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

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

[Click Here for Memo Itemization](#)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt \_\_\_\_\_

Name & Address:

\$ \_\_\_\_\_ \$ \_\_\_\_\_

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

[Click Here for Memo Itemization](#)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt \_\_\_\_\_

Name & Address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

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

[Click Here for Memo Itemization](#)

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

195.00

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

3475.00

Enter this total on  
line 3a of Summary  
Page.





**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 138331  
2. Committee Name CTE Mark H. Grabow

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>The Aspen On Hall</b> Address <b>20333 Hall Road Macomb, Michigan 48044</b> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Deposit for Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/02/12</u> Date	\$ <u>400.00</u>
Expenditure #2 Name <b>Manhattan Mailers</b> Address <b>51132 Milano Dr. Macomb, Michigan 48042</b> <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/10/12</u> Date	\$ <u>2274.80</u>
Expenditure #3 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	\$ _____
Expenditure #4 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	\$ _____
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	\$ _____

Subtotal this page **\$2,674.80**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **\$2,674.80**

Enter this total  
on line 8a of  
Summary Page



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

1. Committee I.D. Number 138331  
2. Committee Name CTE Mark H. Grabow

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: <b>Mark H. Grabow</b> <b>20125-25 Mile Road</b> <b>Macomb, Michigan 48042</b>	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>07/12/12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 318.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ <u>318.00</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: <b>Mark H. Grabow</b> <b>20125-25 Mile Road</b> <b>Macomb, Michigan 48042</b>	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>7/24/12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 911.22</u>	\$ \$ \$ \$ \$	\$ 0	\$ <u>911.22</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: <b>Mark H. Grabow</b> <b>20125-25 Mile Road</b> <b>Macomb, Michigan 48042</b>	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>4/5/12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 670.89</u>	\$ \$ \$ \$ \$	\$ 0	\$ <u>670.89</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) **\$1,900.11**

Grand Total of all Schedules 1E **\$1,900.11**  
(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 138331

2. Committee Name CTE Mark H. Grabow

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <u>07/29/12</u>	4. Number of Individuals Attending or Participating (whichever is greater)  <u>45</u>	5. Type of Fund Raising Activity  <u>Hors D'oeuvre Reception</u>	6. Address and Name (If any) of the place where the activity was held. <u>The Aspen on Hall</u> <u>20333 Hall Road</u> <u>Macomb Twp, Michigan 48044</u> <input type="checkbox"/> Private Residence
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7. Total Contributions \$1,625.00

8. Other Receipts \$0.00

9. Gross Receipts (Add lines 7 and 8) \$1,625.00

10. Total Cost of Event \$1,070.89

(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 (%)
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

- 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.