



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FILED

12 DEC -5 PM 3:15

FOR OFFICIAL USE ONLY

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

<p>1. Committee I.D. Number 68804-50</p> <p>2. Committee Name COMMITTEE TO ELECT TED B. WAHBY</p> <p>5. Committee's Mailing Address 30117 ELMGROVE ST CLAIR SHORES, MI 48082</p> <p>Area Code and Phone <u>(586) 294-2119</u> <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></p> <p>7. Treasurer's Business Address 21850 DUNHAM ROAD MT CLEMENS, MI 48043</p> <p>Area Code and Phone <u>(586) 463-2205</u></p>	<p>3. This Statement covers From: <u>10/22/12</u> to <u>11/26/12</u></p> <p>4. Candidate Last Name First Name M.I. WAHBY TED B.</p> <p>4a. Office Sought Including District # or Community Served (If applicable) MACOMB COUNTY TREASURER</p> <p>4b. County of Residence MACOMB</p> <p>6. Treasurer's Name & Residential Address SANDRA L. WOLNY 31108 WEST ANGELINE COURT ST CLAIR SHORES, MI 48082</p> <p>Area Code & Phone <u>(586) 294-6030</u></p> <p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)</p> <p>Area Code and Phone _____</p>
<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>11/06/12</u></p> <p>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</p> <p>Effective Date of Dissolution _____</p> <p><small>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></p>	
<p><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. 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.</small></p>	
<p>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.</p>	
<p>Current Treasurer or Designated Record keeper SANDRA L. WOLNY, <i>Sandra L. Wolny</i> Date <u>12/4/2012</u> Type or Print Name Signature</p> <p>Candidate TED B. WAHBY, <i>Ted B. Wahby</i> Date <u>12/4/2012</u> Type or Print Name Signature</p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 68804-50

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name COMMITTEE TO ELECT TED B. WAHBY

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>3,900.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$3,900.00</u>	(18.) \$ <u>\$113,105.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u></u>	(19.) \$ <u></u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$3,900.00</u>	(20.) \$ <u>\$113,105.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u></u>	(21.) \$ <u></u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u></u>	(22.) \$ <u></u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$8,378.05</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u></u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u></u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$8,378.05</u>	(23.) \$ <u>\$156,824.26</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u></u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u></u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u></u>	(24.) \$ <u></u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u></u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u></u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$110,942.90</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$3,900.00</u>	
	(15.) = \$	<u>\$114,842.90</u>	
15. SUBTOTAL Add lines 13 and 14			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$8,378.05</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$106,464.85</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 68804-50
2. Committee Name COMMITTEE TO ELECT TED B. WAHBY

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>10/24/12</u> Name & Address: BISHAM SINGH, MD 49460 COMPASS POINT NEW BALTIMORE, MI 48047		\$ 500.00	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>UROLOGIST</u> Employer <u>SELF-EMPLOYED</u> Business Address <u>SAME</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/02/12</u> Name & Address: ALFRED J. F ISHER, III 33300 FISHER DRIVE ST CLAIR SHORES, MI 48082		\$ 3,400.00	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>FISHER DYNAMICS</u> Business Address <u>SAME</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____ _____ _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____ _____ _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

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

\$3,900.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 68804-50
2. Committee Name COMMITTEE TO ELECT TED B. WAHBY

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name INDEPENDENT NEWSPAPERS Address 100 MACOMB DAILY DRIVE MT CLEMENS, MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/26/12</u> Date	<u>\$ 2325.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name MICHIGAN DEMOCRATIC PARTY Address 606 TOWNSEND LANSING, MI <input type="checkbox"/> Fund Raiser	Purpose: <u>DONATION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/26/12</u> Date	<u>\$ 5000.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name DOLLY'S PIZZA Address 51311 GRATIOT CHESTERFIELD, MI <input type="checkbox"/> Fund Raiser	Purpose: <u>PIZZA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/12</u> Date	<u>\$ 324.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name STAPLES Address 31900 GRATIOT ROSEVILLE, MI 48066 <input type="checkbox"/> Fund Raiser	Purpose: <u>CARDS, STATIONARY, POSTAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/12</u> Date	<u>\$ 591.26</u> Click Here for Memo Itemization Type
Expenditure #5 Name OFFICE MAX Address 33840 GRATIOT CLINTON TOWNSHIP, MI <input type="checkbox"/> Fund Raiser	Purpose: <u>FAX MACHINE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/12</u> Date	<u>\$ 74.19</u> Click Here for Memo Itemization Type

Subtotal this page **\$8,314.45**

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 68804-50
2. Committee Name COMMITTEE TO ELECT TED B. WAHBY

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CLARK GRAPHICS Address 21914 SCHMEMAN WARREN, MI <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING/LITERATURE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/14/12</u> Date	\$ <u>63.60</u>
Expenditure #2 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 #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

\$63.60

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

\$8,378.05

Enter this total
on line 8a of
Summary Page