



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FILED  
12 DEC -3 PM 1:39

CAROLLE GABAUGH  
MACOMB COUNTY CLERK  
MT. CLEMENS, MICHIGAN  
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: 10-22-12 to 11-26-12

<p>1. Committee I.D. Number <b>138663</b></p> <p>2. Committee Name <b>Committee to Elect Anthony Wickersham</b></p>	<p>4. Candidate Last Name First Name M.I. <b>Wickersham Anthony M</b></p> <p>4a. Office Sought Including District # or Community Served (If applicable) <b>Sheriff of Macomb County</b></p> <p>4b. County of Residence <b>Macomb</b></p>
<p>5. Committee's Mailing Address <b>PO Box 752 Mt. Clemens, MI 48046</b></p> <p>Area Code and Phone _____ 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.</p>	<p>6. Treasurer's Name &amp; Residential Address <b>Christina Miller 52012 Copper Creek Ct. Chesterfield, MI 48047</b></p> <p>Area Code &amp; Phone <b>(586) 524-4476</b></p>
<p>7. Treasurer's Business Address <b>43565 Elizabeth Road Mt. Clemens, MI 48043</b></p> <p>Area Code and Phone <b>(586) 469-6671</b></p>	<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <b>S/A</b></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 <b>11-06-12</b></p>	<p>9c. <input type="checkbox"/> Annual Statement ( _____ Coverage Year)</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>Effective Date of Dissolution _____</p> <p>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.</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>
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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.

<p>Current Treasurer or Designated Record keeper <b>Christina Miller</b></p> <p>Type or Print Name</p>	<p><i>Christina Miller</i> Signature</p> <p>Date <b>12-3-12</b></p>
<p>Candidate <b>Anthony M. Wickersham</b></p> <p>Type or Print Name</p>	<p><i>Anthony M. Wickersham</i> Signature</p> <p>Date <b>12-3-12</b></p>



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 138663

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Anthony Wickersham

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>6,250</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>-0-</u>	(18.) \$ <u>273,670.00</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$	<u></u>	(19.) \$ <u>200.02</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>6,250</u>	(20.) \$ <u>273,870.02</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$	<u>-0-</u>	(21.) \$ <u>6,591.04</u>
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$	<u>-0-</u>	(22.) \$ <u>-0-</u>
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>23,402.90</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>-0-</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>139.70</u>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$	<u>23,542.60</u>	(23.) \$ <u>253,645.17</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>227.32</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>-0-</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	<u>227.32</u>	(24.) \$ <u>19,341.17</u>
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>-0-</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>-0-</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>18,403.60</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>6,250.00</u>	
	(15.) = \$	<u>24,653.60</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>			
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$	<u>23,769.92</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	<u>883.68</u>	*



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 138663  
2. Committee Name CTE Anthony Wickersham

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	
Name & Address: <u>AT: T Michigan PAC</u> <u>221 N. Washington Square</u> <u>Lansing, MI 48933</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			
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>DPOA Political Action Committee</u> <u>1938 E. Jefferson</u> <u>Detroit, MI 48207</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			
3. Contribution #3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>Macomb County Chamber</u> <u>28 1st St. Ste B.</u> <u>Mt. Clemens, MI 48043</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			
3. Contribution #4	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>Michigan Professional Fire Fighters Union</u> <u>1651 Kingsway Ct. Ste. E</u> <u>Trenton, MI 48183</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			

Page Subtotal

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

650  
6,250  
Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 138663  
2. Committee Name CTE Anthony Wickersham

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	
Name & Address: <u>Regina Mitchell</u> <u>12464 Euline</u> <u>Rompo, MI 48065</u>		<u>11/1/12</u>	
5. If over \$100.00 cumulative, please provide:		\$ <u>100.00</u>	\$ <u>100</u>
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 #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>UAW Michigan V-PAC</u> <u>8000 E. Jefferson</u> <u>Detroit, MI 48214</u>		<u>10/22/12</u>	
5. If over \$100.00 cumulative, please provide:		\$ <u>5,000.00</u>	\$ <u>10,525</u>
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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>Wayne Webber</u> <u>49536 Goulette</u> <u>New Baltimore, MI 48047</u>		<u>11/1/12</u>	
5. If over \$100.00 cumulative, please provide:		\$ <u>500.00</u>	\$ <u>2,300</u>
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 # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address			
5. If over \$100.00 cumulative, please provide:		\$ _____	\$ _____
Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal

5,600

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

6,250

Enter this total on  
line 3a of Summary  
Page.



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 138663

### CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Anthony Wickesham

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: <b>Mark Oermann</b> <b>46800 Ferguson</b> <b>Macomb, MI 48044</b> If over \$100.00 cumulative, please provide: Occupation: <b>Deputy Sheriff</b> Employer Name & Business Address: <b>Macomb County</b> <b>10 N. Main</b> <b>Mt. Clemens, MI 48043</b> <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 type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Cables &amp; Ties</u> 5. Date Of Receipt: <u>11/05/12</u> 6. Vendor Name & Address: <b>Home Depot</b> <b>20777 Hall Road</b> <b>Macomb, MI 48044</b> Click Here for Memo Itemization	\$ <u>63.28</u>	\$ <u>63.28</u>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>Mark Oermann</b> <b>46800 Ferguson</b> <b>Macomb, MI 48044</b> If over \$100.00 cumulative, please provide: Occupation: <b>Deputy Sheriff</b> Employer Name & Address: <b>Macomb County</b> <b>10 N. Main</b> <b>Mt. Clemens, MI 48043</b> <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 type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Ties</u> 5. Date Of Receipt: <u>11/05/12</u> 6. Vendor Name & Address: <b>Lowe's</b> <b>15350 Hall Road</b> <b>Clinton Township, MI 48038</b> Click Here for Memo Itemization	\$ <u>31.99</u>	\$ <u>31.99</u>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address:   If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:   <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 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	\$ _____	\$ _____

Page Subtotal

**95.27**

**95.27**

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

**95.27**

Enter this total  
on line 6 of Summary  
Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 138663  
2. Committee Name CTE Anthony Wickersham

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>Fernhill Country Club</b> Address <b>17600 Clinton River Road Clinton Twp., MI 48038</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Spaghetti Dinner</u>  Click Here for Memo Itemization Type  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/12</u> Date	\$ <u>1,236.67</u>
Expenditure #2 Name <b>Clark Graphics</b> Address <b>21914 Schmeman Warren, MI 48089</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing of Fliers</u>  Click Here for Memo Itemization Type  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/12</u> Date	\$ <u>478.96</u>
Expenditure #3 Name <b>Michigan Democratic Party</b> Address <b>606 Townsend Lansing, MI 48933</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u>  Click Here for Memo Itemization Type  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/12</u> Date	\$ <u>11,500.00</u>
Expenditure #4 Name <b>C&amp;G News</b> Address <b>13650 E. 11 Mile Road Warren, MI 48089</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Ad</u>  Click Here for Memo Itemization Type  <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>2,890.00</u>
Expenditure #5 Name <b>William Hart III</b> Address <b>49926 Willowood Macomb, MI 48044</b>  <input type="checkbox"/> Fund Raiser	Purpose: <u>Services</u>  Click Here for Memo Itemization Type  <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>400.00</u>

Subtotal this page

**16,505.63**

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 138663

2. Committee Name CTE Anthony Wickersham

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>Dana Camphous-Peterson</b> PO Box 46057 Address <b>Mt. Clemens, MI 48046</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Services</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>11/05/12</b> Date	\$ <b>200.00</b>
Expenditure #2 Name <b>William Hart III</b> 49926 Willowood Address <b>Macomb, MI 48044</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Services</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>11/05/12</b> Date	\$ <b>100.00</b>
Expenditure #3 Name <b>Mark Oermann</b> 46800 Ferguson Address <b>Macomb, MI 48044</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Purchase of Cables &amp; Ties</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>11/05/12</b> Date	\$ <b>63.28</b>
Expenditure #4 Name <b>Mark Oermann</b> 46800 Ferguson Address <b>Macomb, MI 48044</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Purchase of Cables &amp; Ties</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>11/05/12</b> Date	\$ <b>31.99</b>
Expenditure #5 Name <b>Ciccarelli's Bar</b> 46793 Hayes Rd. Address <b>Shelby Twp., MI 48317</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Victory Party Costs</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>11/07/12</b> Date	\$ <b>500.00</b>
Subtotal this page			<b>895.27</b>
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 138663  
2. Committee Name CTE Anthony Wickersham

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>PAW Graphics</b> Address <b>214 Crocker Blvd. Mt. Clemens, MI 48043</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Literature Design</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>11/19/12</b> Date Click Here for Memo Itemization Type	<b>\$ 2,502.00</b>
Expenditure #2 Name <b>Campaign Professionals</b> Address <b>26159 Regency Circle, #5 Warren, MI 48089</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>Consulting Services</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>11/19/12</b> Date Click Here for Memo Itemization Type	<b>\$ 3,500.00</b>
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 Click Here for Memo Itemization Type	\$ _____
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 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 **6,002.00**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **23,402.90**

Enter this total  
on line 8a of  
Summary Page





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE**

(For use by officeholders only)

1. Committee I. D. Number 138663  
2. Committee Name CTE Anthony Wickersham

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
<b>Disbursement # 1</b> Name & Address:  <b>Verizon Wireless</b> <b>PO Box 15062</b> <b>Albany, NY 12212-5062</b>	Purpose <b>Phone Service</b>	<b>10/22/12</b> Date	<b>\$ 145.04</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>BO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
<b>Disbursement # 2</b> Name & Address:  <b>Sam's Club</b> <b>45600 Parkway</b> <b>Utica, MI 48315</b>	Purpose <b>Candy -</b> <b>Thanksgiving Parade</b>	<b>11/02/12</b> Date	<b>\$ 82.28</b>
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
<b>Disbursement # 3</b> Name & Address:	Purpose	Date	\$
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
<b>Disbursement # 4</b> Name & Address:	Purpose	Date	\$
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Subtotal this page			<b>227.32</b>
Grand Total of all Schedules 1C (Complete on last page of Schedule)			<b>227.32</b>

Enter this total  
on line 10a of  
Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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

1. Committee I.D. Number 138663  
2. Committee Name CTE Anthony Wickersham

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 Oermann</b> <b>46800 Ferguson</b> <b>Macomb, MI 48044</b>	4. Type: <u>Purchase</u> 5. <u>Date Debt Was Incurred:</u> <u>10/31/12</u> 6. <u>Original Amount of Debt:</u> \$ <u>63.28</u>	<u>11/5/12</u> \$ <u>63.28</u> \$ _____ \$ _____ \$ _____ \$ _____	<u>63.28</u> \$ _____	<u>-0-</u> \$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <b>Mark Oermann</b> <b>46800 Ferguson</b> <b>Macomb, MI 48044</b>	4. Type: <u>Purchase</u> 5. <u>Date Debt Was Incurred:</u> <u>10/31/12</u> 6. <u>Original Amount of Debt:</u> \$ <u>31.99</u>	<u>11/5/12</u> \$ <u>31.99</u> \$ _____ \$ _____ \$ _____ \$ _____	<u>31.99</u> \$ _____	<u>-0-</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)

-0-

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

-0-

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.