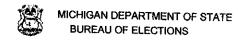
CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

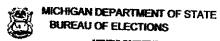
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: \$6.002//0
Committee I.D. Number	10/da//2 to 11/db//2
138909 2. Committee Name CTE Zach Einenan	4. Candidate Last Name First Name M.J. 4a. Office Sought Including District # or Community Served (If applicable) MOCOMD COWY COMMISSIONES DISTRICT ID
5. Committee's Mailing Address	4b. County of Residence Macanh
39765, Chert St. Harrison TWP. MI. 48045	6. Treasurer's Name & Residential Address Zach Einem Some as Committee
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. 7. Treasurer's Business Address	Area Code & PhoneSame
7. Heasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has besignated Record keeper)
Same	
Area Code and Phone Same	Area Code and Phone
9. TYPE OF STATEMENT	
9a. Pre-Election OR 9b. Post-	Election 9c. Annual Statement (Coverage Year)
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
Primary Gene	9e. Dissolution of Candidate Committee
Convention	ol Effective Date of Dissolution
Date of Election, Convention or Caucus A committee that does not have a Report to Marie M	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
before the filing deadline of a required campaign statement, that	uired Campaign Statements. The Campaign Statements must include all applicable litures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. I since the information was shown on the committee's Statement of Organization, an Campaign Statement. If a request for a Reporting Waiver is not received on or technology.
 ventication: ItWe certify that all reasonable diligence was used in mylour knowledge and belief the contents are true, accurate and com 	the preparation of this statement and attached schedules (if any) and to the best of
Current Treasurer or Designated Record keeper Type or Print Name	Signature Date 11/26/12
Candidate Lach Eineman, Type or Print Name	Signature Elmonin Date 1/26/12
R. Al. 14	- Grand



SUMMARY PAGE CANDIDATE COMMITTEE 1. Committee I.D. Number 138909

2. Committee Name CFE Zach Elnevan Composione

RECEIPTS		1 5 11/2
3. Contributions	Column I This Period	Column II Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 1280	(18.)\$ 3,910
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.)\$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 1286	(20.) \$ 3,910
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.)\$ 129.86
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1439-56</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 1439,56	(23.) \$ 3,771,81
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)	• • •	
Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Unitemized (less than \$50.01 each - no Schedule)		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>5/3</u>	
b. Owed to the Committee (Schedule 1E)	Cardy V. a.	
	(12b.) \$BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ 2.30.75	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	1200	
(Line 5, Total Contributions & Other Receipts)	(14.) + \$ _ / & \	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ 15.70.75	
16. Amount expended during reporting period	(16.)-\$ 1439,56	
(Add lines 9 and 11) 17. ENDING BALANCE	(17.) \$ 7/1/9	
(Subtract line 16 from line 15)	*	

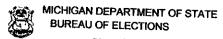


ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number

CARDIDATE COMMITTEE 2. Committee Nam	- 196 Zach	Finency con
Enter contributor's name and address. If contribution is from an individual, enter last name, first middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	name, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 1/3/22		date of receipt)
Steven Krabs		
5. If over \$100.00 cumulative, please provide:	: 200	: 525
Commenter Case diver	Click Here fo	or Memo Itemization
Business AddressSCMC		s memo nemization
Type of Contribution: Direct Loan from a person Fund Raiser	_	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt /a /o - /	110	
Name & Address	12	
Most Elnengy		
34765, charf St.	s 2505	.595
5. If over \$100.00 cumulative, please provide:	¥ <u>-6.j U</u>	\$ 1/1
Occupation Sales Employer The Allies COMON	Click Here for	Memo Itemization
Business Address 180 Was St. Detcit M4 149	717	
Type of Contribution: Direct Loan from a person Fund Raiser	<u>7</u> 10	
. Contribution #3 PAC Receipt? YES 4 Pate of Paciet	1/2	
Note Kacznarek	105	
Catoma 22632 Lakeland 6f.	· 30	. 30
If over \$100.00 cumulative, please provide. 48081	Click How to a	
Occupation Attorney Employer Kitsch Douthers	Onck THERE FOR I	Memo Itemization
usiness Address	-	
ype of Contribution: Direct Loan from a person X Fund Raiser		
Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/25/2)	
Roland Fraschetti	<u> </u>	
3679 Hermos 1t.	~	
Lake as the State of 1699	<u> 25</u>	: 25
occupation County Commission Complexer Macon County	, Click Here for M	lemo Itemization
usiness Address		
ype of Contribution: Direct Loan from a person Fund Raiser		
Page Subt	total Co	
-	700	
Grand Total of All Schedules (Complete on last page of Sched	ule)	
geof	Enter this total on line 3a of Summary	
	Page.	

Page.



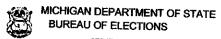
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 138909

2. Committee Name SE Zach Elvena Cambilione

Enter contributor's		- OCIMINIT I EE		2. Committee Name _	<u> </u>	ch Elvenan Ean
Committee (PAC) R	ame and address. It box to indicate if or eport <u>all</u> contribution	If contribution is from a ontribution is from a Po as regardless of amoun	n individual, litical Comn t.	enter last name, first name nittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 Name & Address:	PAC Receip	? YES 4. D	ate of Rece	ipt 13/20110		date of receipt)
Cherry M	10005			· -10/25/12		
1000 Lh	16-50 01					
10/1	ynes cs.				06	0.00
3673 HD LAKCON 5. If over \$100.00 cu	MIT! 70	009-1619			\$ 00	<u> </u>
					Click Here	for Memo Itemization
Business Address					•	
Type of Contribution:	Direct	l con from	<u> </u>	<u> </u>		
3. Contribution #2		Loan from a pers		Fund Raiser		
Name & Address	PAC Receipt?	YES 4. Da	te of Receip	1_10/25/17)	
James Ser	Stert				-	
31699 San	730CX 5000 51					
4-20%	Jour Jg.				\$ 50	
# 150n 9 6. If over \$100.00 cun	WK M4	48045				
o. If Over \$100.00 cun	nulative, please pro	ovide:			Click Here t	or Memo Itemization
Occupation Ref	ira	Employer				or monto nonazauori
Business Address						
Type of Contribution:	Direct		7/1			
3. Contribution #3		Loan from a perso		Fund Raiser		
Name & Address:	PAC Receipt?	YES 4. Dat	e of Receip	10/25/12		
Full Plat	pp			1700/10		
Fully flate 38651 Chan	for of				-> <	
Hann's	$\frac{1}{2}$	chart fr			s	s /5
6. If over \$100.00 cum	Wattyo naga no	7807 <i>3</i>			OR-t-14	
Occupation ACCA	inter-t	nue:	. 1-	4	Click Here to	Memo Itemization
	vyay	Employer 100	<u>ua</u>	V American	Brown	
Business Address Type of Contribution:	Train a				/	
	Direct	Loan from a persor		Fund Raiser		
. Contribution # 4 lame & Address	PAC Receipt?	YES 4. Date	e of Receipt	10/75/12		
Stelle Yre	A <		-	10/20/12		
USBULL		0.0				
70090 E	schenburg	VC.			5	000
Sinton Th	1P M#	48038			\$ <u>U U</u>	5 /
£	lative, please provi	ide:				
Occupation Core	, ver	Employer			Click Here for	Memo Itemization
Susiness Address	Same	· · • - · · · · · · · · · · · · · · · ·				
Type of Contribution:						ļ
- 77-0 Octobulous	Direct	Loan from a person	X F	und Raiser		
				Page Subtotal	200	
			Grand		αcc	
			(Complete	Total of All Schedules 1A on last page of Schedule)		
age 2_ of \(\frac{4}{} \)					Enter this total on	
25 OT _/					line 3a of Summary Page.	

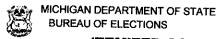


ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number

CANDIDATE COMMITTEE 2. Committee	Name Lach Energy con
Enter contributor's name and address. If contribution is from an individual, enter last name, middle initial. Check box to indicate if contribution is from a Political Committee or an Indep Committee (PAC) Report all contributions regardless of amount. 3. Contribution # 1 PAC Receipt?	
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt Name & Address: Rob Huth	25//2
5. If over \$100.00 cumulative, please provide:	:50 :50
Occupation Attorney Employer Kirk and Huth	f.C. Click Here for Memo Itemization
Business Address 19500 Hall Rd. Clinton 441	P. M. 1. 48038
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10/25 Rob KICK	112
	<u> 50 </u>
5. If over \$100.00 cumulative, please provide:	Click House for Many
Occupation Attorney Employer KICK and Hoth	Click Here for Memo Itemization
Business Address 19500 Hall Rd. Cinfon FLIF	MF. 48638
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt / 120	1/12
HON ANDEN	<u> </u>
74635 Tid254	: 25 . 25
H over \$100.00 cumulative, please provide:	
$Arc_{\alpha} + c$	Click Here for Memo Itemization
Business Address 74265 N. FWO ACMGIA MA	nce Agency
Type of Contribution: Direct Loan from a person Fund Raiser	<u>, y</u> 3603
Contribution # 4 PAC Receipt? YES 4. Date of Receipt ////	12
CONTRACK Krebs	
4846 Escherburg Pr.	21-
If over \$100.00 cumulative, please provide:	<u> </u>
Occupation Ket VA Employer	Click Here for Memo Itemization
usiness Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
Page	Subtotal 325
Grand Total of All Scher	dules 1A
(Complete on last page of S	Enter this total on
age of	line 3a of Summary

Page.



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 138909 (4E Zach Eineran Commissioner

		COMMINITIEE		Committee Name		200g	Inches Com
Committee (PAC) Rep	port <u>all</u> contribution	f contribution is from an indi- ntribution is from a Political s regardless of amount.	vidual, enter Committee o	last name, first name, r an Independent	6. Am	ount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: Mathematical English 39765	PAC Receipt	? YES 4. Date of	f Receipt	11/5/12	-	_	T date of receipt)
5. If over \$100.00 cun	nulative, please p	- 48045			\$_&	250	<u>. 825</u>
Occupation	1 <u>C5</u> 801 HOW Direct	Employer The part St. Detro	Allied Oit M	Comparie 2. 48216	S Cli	ck Here f	or Memo Itemization
3. Contribution #2 Name & Address	PAC Receipt?	Loan from a person YES 4. Date of		d Raiser		·	
					\$		\$
5. If over \$100.00 cum	ulative, please pro	ovide:			Clia	lı Llama fan	- B.4 44
		Employer			Circ	k mere id	r Memo Itemization
Business Address		-					
Type of Contribution:	Direct	Loan from a person	Fur	nd Raiser			
Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date of			_	· · · · · · · · · · · · · · · · · · ·	
					\$		\$
. If over \$100.00 cumu	ilative, please pro	vide:			Click	Here for	Memo Itemization
Occupation	· · · · · · · · · · · · · · · · · · ·	Employer					
Business Address	Ta: .						
Type of Contribution:	Direct	Loan from a person	Fun	d Raiser			
. Contribution # 4 ame & Address	PAC Receipt?	YES 4. Date of	Receipt				
. If over \$100.00 cumu	lative, please pro	vide:			\$	·····	\$
Occupation		Employer			Click	Here for	Memo Itemization
usiness Address							ĺ
Type of Contribution:	Direct	Loan from a person	Fund	Raiser			
· · · · · · · · · · · · · · · · · · ·				Page Subtotal	28	0	
		(Co	Grand Tota Implete on la	l of Ali Schedules 1A ist page of Schedule)	128	Ø	

Enter this total on line 3a of Summary Page.

Page ______ of ______



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 138909

2 N	2. Committee Name C/L Lach Einer Ca
Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1	
Name Focebook	10/25 11 05
A data.	Purpose: Off A4 Date \$ 4,20
1601 s. calitarnia AVC.	
1601 s. california AVC. Palo Alto, California 94304	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous
Expenditure #2	statement statement
Name	
Tripnak Printina	10/26 . 900 €
Address	Purpose: //tenture Date \$ 203.5
Triangk Printing 30520 Gratiat Ave.	
Roseville MI. 48066	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of
Expenditure #3	debt or obligation reported on previous statement
Nama	
Lakeshar Lones	in/20 100
Address Address	Purpose: fund raiser bate \$ 162
31025 Jefferson AVC. St. Clay shores Mt.	
St. Clair Shores MI.	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous
Expenditure #4	statement
lame	
Cond G News	10/31 100
Cond G News 13650 11 Mile Rd.	Purpose: Ad Date \$ 737
JOUR II I HIE EVEL.	
larren Mt. 48089	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous
openditure #5	statement reported on previous
amo -	
Jon-A-Rana Jinton TWP. M. 48035	intol
digress 4	Purpose: 5/0/) - 13/3/ \$ 3/3/
10000 May 10000	
linton TWP. MIZ. 40035	Click Here for Memo Itemization Type Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
	Subtotal this page 1/1/26.76
	Grand Total of all Schedules 1B
	(Complete on last page of Schedule)

Page ____ of ___2

Enter this total on line 8a of Summary Page



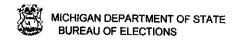
SCHEDULE 1B CANDIDATE COMMITTEE

2.	Committee Name		C (2000)
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Palo Alto, California AVC. Palo Alto, California 94804	debt or obligation reported on previous	Date ere for Memo	s <u>2.72</u> Itemization Type
Expenditure #2	statement		
Huntington Bank 39940 Brilgview St. Hornson two Mt. 419045	l 	Date ere for Memo	\$ 36
l	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Facebook Address 1601 S. California AVE.	Purpose: Online Al	1/6 Date	s <u>2.62</u>
	Click Her	re for Memo I	emization Type
Palo Atto, California 99309	Check box if this expenditure is payment of		••
Fund Raiser	debt or obligation reported on previous		
Expenditure #4	statement		
Hame Total sports Address 40501 Production Dr.	Purpose: Viltory Party	11/7 Date	\$ <u>59.50</u>
Abortison TWP ME 47045	Click Her	e for Memo It	emization Type
TOLLOW JULY 40010	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5	W. C.		
Address 20 Gration Ave. Roseville MI. 48066	Check box if this expenditure is payment of	Date For Memo Ite	\$ <u>2/2</u> emization Type
Fund Raiser	debt or obligation reported on previous statement		
	Subtotal t	this page	512.84

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

512.84 1,439.50

Enter this total on line 8a of Summary Page



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

_13	890 9		
TE.	Zach	Elhenan	COMIS

2. Committee Name CANDIDATE COMMITTEE This Schedule itemizes: Debts and obligations owed by or forgiven the committee b. Debts and obligations owed to or forgiven by the committee. **OR** (Check either a or b. Use only for the purpose checked.) 3. Name and Mailing Address of person, vendor or 4. Type of Obligation 7. Date and amount of 9. Outstanding 8. Cumulative financial institution to whom debt is owed. (Description) each payment payment to Balance at close 5. Indicate date debt was date on debt of this period Check box to indicate whether debt is owed to an incurred (Item 6 minus incorporated business. If debt is a bank loan, please 6. Indicate original amount Item 8) provide information regarding the endorsers or of debt guarantors, if any. Debt #1 Owed to or by: 6. Original Amount of Debt: **FORGIVEN** If bank loan, name of endorser or guarantor: Amount Endorsed: \$ Debt #2 4. Type:_ LOOM Owed to or by: 5. Date Debt Was Incurred 6. Original Amount of Debt: FORGIVEN If bank loan, name of endorser or guarantor: Amount Endorsed: \$. Debt #3 4. Type: L& ()\(\Delta\) Owed to or by: 6. Original Amount of Debt: FORGIVEN If bank loan, name of endorser or guarantor: Amount Endorsed: \$ Page Subtotal (Outstanding debt) Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)

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.

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

Page ____ of ____



DEBTS AND OBLIGATIONS SCHEDULE 1E

CANDIDATE COMMITTEE

_	_138900	1
. Committee I.D. Number	_100101	′

2. Committee Name

This Schedule itemizes: 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 4. Type of Obligation 7. Date and amount of 8. Cumulative 9. Outstanding financial institution to whom debt is owed. (Description) each payment payment to Balance at close 5. Indicate date debt was date on debt of this period Check box to indicate whether debt is owed to an incurred (Item 6 minus incorporated business. If debt is a bank loan, please 6. Indicate original amount item 8) provide information regarding the endorsers or of debt quarantors, if any Debt #1 Corp? Owed to or by: 5. Date Debt Was Incurred 6. Original Amount of Debt: FORGIVEN If bank loan, name of endorser or guarantor: Amount Endorsed: \$ Debt #2 Owed to or by: 4. Type: 5. Date Debt Was Incurred: 6. Original Amount of Debt: \$ FORGIVEN if bank loan, name of endorser or quarantor: Amount Endorsed: \$. Debt #3 Tyes Corp? 4. Type: Owed to or by: 5. Date Debt Was Incurred:

Page Subtotal (Outstanding debt)

Amount Endorsed: \$

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

\$

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.

6. Original Amount of Debt:

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

FORGIVEN

If bank loan, name of endorser or guarantor: