



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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: 1/1/2020 to 7/19/2020

1. Committee I.D. Number
96942

2. Committee Name
Committee to Elect Gwen Markham

4. Candidate Last Name **Markham** First Name **Gwen** M.I. **E**

4a. Office Sought Including District # or Community Served (If applicable)
Oakland County Commissioner Dist. 9

4b. County of Residence **OAKLAND**

5. Committee's Mailing Address
**45540 Violet LN
Novi, MI
48374**

Area Code and Phone 248-921-9336
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.

6. Treasurer's Name & Residential Address
**Gwen Markham
45540 Violet LN
Novi, MI 48374**

Area Code & Phone 248-921-9336

7. Treasurer's Business Address
same

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)

Area Code and Phone _____

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
☐ Special
☐ School
☐ Caucus

Date of Election, Convention or Caucus

August 4 2020

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

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

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution _____

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

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 **Gwen Markham**

Designated Record keeper _____
Type or Print Name

Gwen Markham Date 7/23/20
Signature

Candidate **Gwen Markham**

Gwen Markham Date 7/23/20
Signature



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 96942

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Gwen Markham

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>6220.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>6220.00</u>	(18.) \$ <u>11560.00</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>6220.00</u>	(20.) \$ <u>11560.00</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>4460.84</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>4460.84</u>	(23.) \$ <u>8467.54</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>24.00</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>1782.50</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>6220.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>8002.50</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>4460.84</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>3541.66</u>	*



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 96942
2. Committee Name Committee to Elect Gwen Markham

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? ☐ YES 4. Date of Receipt <u>1/22/20</u> Name & Address: Diane Bauer 1141 Island Dr., Commerce Twp, MI 48382		100.00 \$	350.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> 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 <u>2/17/20</u> Name & Address: Cynthia Haley 24876 Davenport Ave, Novi MI 48374		50.00 \$	150.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> 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 <u>2/11/20</u> Name & Address: Dinah Payne 15810 Winding Creek dr Northville, MI 48167		75.00 \$	
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> 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 <u>2/25/20</u> Name & Address: Gerrie Barclay 32241 Southfield Rd Beverly Hills, MI 48025		50.00 \$	
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 275.00

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 96942
2. Committee Name Committee to Elect Gwen Markham

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? ☐ YES 4. Date of Receipt <u>2/25/20</u> Name & Address: Althea Hayes 24040 Nilan Novi, MI 48375 5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		50.00 \$ _____	\$ _____
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>2/28/20</u> Name & Address: Sherrie Konkus 22278 Cascade Dr Novi, MI 48375 5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		50.00 \$ _____	\$ _____
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>2/28/20</u> Name & Address: Martha O'Kray 49849 Hidden Valley Dr. Macomb, MI 48044 5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		25.00 \$ _____	50.00 \$ _____
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>2/28/20</u> Name & Address: Dyanna Martin 45000 W. 10 Mile Novi, MI 48375 5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		50.00 \$ _____	\$ _____

Page Subtotal **175.00**

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>2/25/20</u> Name & Address: Lori Goldman 2590 Kent Ridge Ct. Bloomfield Hills, MI 48301 5. If over \$100.00 cumulative, please provide: Occupation <u>Realtor</u> Employer <u>Hall and Hunter</u> Business Address <u>442 S. Old Woodward, Birmingham, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		250.00 \$ _____	 \$ _____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>2/17/20</u> Name & Address: Daniele Schink 840 Lone Tree Rd Milford, MI 48390 5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		50.00 \$ _____	150.00 \$ _____ Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>2/17/20</u> Name & Address: Karen MacKenzie 40640 8 Mile Rd Northville, MI 48167 5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		50.00 \$ _____	 \$ _____ Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>2/17/20</u> Name & Address: Doreen Poupard 41360 Fox Run T01 Novi, MI 48377 5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		25.00 \$ _____	125.00 \$ _____ Click Here for Memo Itemization

Page Subtotal **375.00**

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>2/17/20</u> Name & Address: <u>Beth Morris</u> <u>46962 Sunnybrook</u> <u>Novi, MI 48374</u>		<u>200.00</u> \$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> 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 <u>2/17/20</u> Name & Address: <u>Kelly Adams</u> <u>143 E. Bay Dr</u> <u>Walled Lake, MI 48390</u>		<u>50.00</u> \$ _____	\$ _____
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 <u>2/17/20</u> Name & Address: <u>Deb Ross</u> <u>1911 West Lake Dr</u> <u>Novi, MI 48377</u>		<u>50.00</u> \$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> 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 <u>2/17/20</u> Name & Address: <u>April Vallerand</u> <u>25242 Sutton Ct.,</u> <u>Novi MI 48374</u>		<u>100.00</u> \$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>professor</u> Employer <u>Wayne State University</u> Business Address <u>42 W. Warren Ave, Detroit MI 48202</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 400.00

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>2/17/20</u> Name & Address: Diane Smith 23400 Whitehall Novi, MI 48374		150.00 \$ _____	350.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> 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 <u>2/17/20</u> Name & Address: Alex Dinser 41872 Cherry Hill Novi, MI 48375		25.00 \$ _____	\$ _____
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 <u>2/17/20</u> Name & Address: Lori Ferrara 1150 S. Rockcrest Tucson, AZ 85748		100.00 \$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Manager</u> Employer <u>American Red Cross</u> Business Address <u>2916 E. Broadway, Tucson AZ 85716</u> 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 <u>2/17/20</u> Name & Address: Theresa Orlaske-Rich 34067 Heritage Hills Dr Farmington Hills, MI 48331		50.00 \$ _____	\$ _____
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 325.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>2/17/20</u>	
Name & Address: Carol Murphy 233 Tanglewood Rochester Hills, MI 48309		50.00 \$	100.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> 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 <u>2/17/20</u>	
Name & Address: Sue Aspinall 406 Woodhaven Commerce Twp., MI 48390		50.00 \$	150.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> 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 <u>2/17/20</u>	
Name & Address: Chris Greig 21031 Eastfarm Lane Ct. Northville, MI 48167		100.00 \$	200.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>State Representative</u> Employer <u>State of Michigan</u> Business Address <u>Michigan State Capital, Lansing MI</u> 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 <u>2/17/20</u>	
Name & Address: Barbara Morowski-Browne 116 High St Northville, MI 48167		50.00 \$	150.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 250.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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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: Marian Mahoney 24108 Westmont Novi, MI 48374 PAC Receipt? ☐ YES 4. Date of Receipt <u>2/17/20</u>		25.00 \$ _____	 \$ _____ Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 Name & Address: Elaine Maylen 7810 Edgewater Manistee, MI 49660 PAC Receipt? ☐ YES 4. Date of Receipt <u>2/17/20</u>		50.00 \$ _____	 \$ _____ Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 Name & Address: June Marshall-Smith 40755 Oakwood Novi, MI 48375 PAC Receipt? ☐ YES 4. Date of Receipt <u>5/5/20</u>		75.00 \$ _____	 \$ _____ Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 Name & Address: Emily Manschot 44685 Foldaway Novi, MI 48375 PAC Receipt? ☐ YES 4. Date of Receipt <u>2/17/20</u>		25.00 \$ _____	 \$ _____ Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 175.00

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MICHIGAN DEPARTMENT OF STATE
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3. Contribution # 1 Name & Address: <u>Diane Smith</u> <u>23400 Whitehall</u> <u>Novi, MI 48374</u> PAC Receipt? ☐ YES 4. Date of Receipt <u>5/5/20</u>		100.00 \$	450.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>Molly Morris</u> <u>46962 Sunnybrook</u> <u>Novi, MI 48374</u> PAC Receipt? ☐ YES 4. Date of Receipt <u>5/5/20</u>		250.00 \$	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>unemployed</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: <u>Tim Greimel</u> <u>2640 Greenstone #1704</u> <u>Auburn Hills, MI 48326</u> PAC Receipt? ☐ YES 4. Date of Receipt <u>5/5/20</u>		200.00 \$	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>attorney</u> Employer <u>AFSCME</u> Business Address <u>600 W. Lafayette Blvd, Detroit, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: <u>Beth Morris</u> <u>46962 Sunnybrook Ln</u> <u>Novi, MI 48374</u> PAC Receipt? ☐ YES 4. Date of Receipt <u>5/5/20</u>		250.00 \$	450.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 800.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>5/5/20</u>			
Name & Address: Diane Smith 23400 Whitehall Novi, MI 48374			\$ <u>100.00</u>	\$ <u>550.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> 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 <u>5/5/20</u>			
Name & Address: Marian Mahoney 24108 Westmont Novi, MI 48374			\$ <u>50.00</u>	\$ <u>75.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> 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 <u>5/29/20</u>			
Name & Address: Diane Smith 23400 Whitehall Novi, MI 48374			\$ <u>500.00</u>	\$ <u>1050.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> 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 <u>6/10/20</u>			
Name & Address: Alex Dinser 41872 Cherry Hill Novi, MI 48375			\$ <u>25.00</u>	\$ <u>50.00</u>	
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 675.00

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Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 96942
2. Committee Name Committee to Elect Gwen Markham

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? ☐ YES	4. Date of Receipt <u>6/25/20</u>	
Name & Address: Maureen Horan 23410 Little Rapids Ct. #1909 Novi, MI 48375		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 <u>7/5/20</u>	
Name & Address: Thomas Parmenter 8354 Golfside Commerce Twp., MI 48382		50.00 \$ _____	\$ _____
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 <u>7/13/20</u>	
Name & Address: Karen Zyczynski 22125 York Mills Circle, Novi MI 48374		300.00 \$ _____	550.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> 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 <u>7/11/20</u>	
Name & Address: Sherrie Masson 760 Milford Glen Milford, MI 48381		25.00 \$ _____	\$ _____
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 395.00

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 96942
2. Committee Name _____

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? ☐ YES	4. Date of Receipt <u>7/11/20</u>	
Name & Address: Carol Murphy 233 Tanglewood Rochester Hills, MI 48309		\$ <u>525.00</u>	\$ <u>625.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> 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 <u>1/22/20</u>	
Name & Address: Sheet Metal Workers Local 80 17100 Twelve Mile Rd 2nd floor Southfield, MI 48076		\$ <u>100.00</u>	\$ <u>250.00</u>
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 <u>1/14/20</u>	
Name & Address: Pipefitters Local 636 30100 Northwestern Highway Farmington Hills, MI 48334		\$ <u>250.00</u>	\$ _____
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 <u>1/30/20</u>	
Name & Address: Laborers PAC 1118 Centennial Way, Suite 100 Lansing, MI 48917		\$ <u>1000.00</u>	\$ _____
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 **1875.00**

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

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 96942

2. Committee Name Committee to Elect Gwen Markham

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 2/24/20

Name & Address:

Bricklayers Local #1 Michigan PAC
21031 Ryan Rd
Warren MI 48091

250.00

\$ _____ \$ _____

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

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

3. Contribution #2 PAC Receipt? ☒ YES

4. Date of Receipt 2/21/20

Name & Address

Pipefitters Local 636
30100 Northwestern Hwy
Farmington Hills, MI 48334

250.00

500.00

\$ _____ \$ _____

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

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:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

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:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

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

Page Subtotal 500.00

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

6220.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

96942

1. Committee I. D. Number

2. Committee Name

Committee to Elect Gwen Markham

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Federal express Address 43215 Grand River Novi, MI 48375 ☐ Fund Raiser	Purpose: <u>printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/7/20</u> Date	\$ <u>32.91</u>
Expenditure #2 Name USPS Address 24875 Novi Rd Novi MI 48375 ☐ Fund Raiser	Purpose: <u>stamps</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/7/20</u> Date	\$ <u>99.00</u>
Expenditure #3 Name Dana Fortier Address 23871 LeBost Novi, Mi 48375 ☐ Fund Raiser	Purpose: <u>campaign mgt</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/10/2</u> Date	\$ <u>500.00</u>
Expenditure #4 Name Digital Color Technologies Address PO Box 1632 Brighton, MI 48116 ☐ Fund Raiser	Purpose: <u>printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/5/20</u> Date	\$ <u>230.50</u>
Expenditure #5 Name Beyond the Office Address PO Box 101432 Pittsburgh, PA 15237 ☐ Fund Raiser	Purpose: <u>website for 1 yr</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/9/20</u> Date	\$ <u>100.00</u>

Subtotal this page

962.41

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

96942

1. Committee I. D. Number

2. Committee Name

Committee to Elect Gwen Markham

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Dana Fortier Address 23871 LeBost Novi, MI 48375 ☐ Fund Raiser	Purpose: Campaign mgt ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	2/6/20 Date	\$ 1000.00
Expenditure #2 Name Dana Fortier Address 23871 LeBost Novi, MI 48375 ☐ Fund Raiser	Purpose: Campaign mgt ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	4/1/20 Date	\$ 1000.00
Expenditure #3 Name Dana Fortier Address 23871 Le Bost Novi, MI 48375 ☐ Fund Raiser	Purpose: Campaign mgt ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	6/1/20 Date	\$ 1000.00
Expenditure #4 Name Sawicki and Sons Address 1521 Lafayette Blvd, Detroit, MI 48216 ☐ Fund Raiser	Purpose: signs ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	7/7/20 Date	\$ 447.85
Expenditure #5 Name ACT Blue Fees Address actblue.com ☐ Fund Raiser	Purpose: processing fees ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	2/15/2 Date	\$ 50.58

Subtotal this page

3498.43

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

4460.84

Enter this total
on line 8a of
Summary Page



96942

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number

2. Committee Name

Committee to Elect Gwen Markham

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 2/15/20	4. Number of Individuals Attending or Participating (whichever is greater) 25	5. Type of Fund Raising Activity Virtual	6. Address and Name (If any) of the place where the activity was held. online ☐ Private Residence
---------------------------------------	--	---	---

7. Total Contributions

1775.00

8. Other Receipts

9. Gross Receipts (Add lines 7 and 8)

1775.00

10. Total Cost of Event

50.58

(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.