



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INDEPENDENT/POLITICAL
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

3. This Statement covers From: 01/01/20 To 10/18/20

1. Committee I.D. Number
97271

4. Committee's Mailing Address
P.O. Box 10030
Lansing, MI 48901

2. Committee Name
Take Back Walled Lake

Area Code and Phone (248) 624-7327
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 office.

5. Treasurer's Name and Residential Address
Dena Potter
1856 Meadow Ridge
Walled Lake, MI 48390

Area Code and Phone (248) 624-7327

6. Treasurer's Business Address
1856 Meadow Ridge
Walled Lake, MI 48390

7. Designated Record Keeper's Name and Mailing Address (If the Committee has a Designated Record Keeper)
Rena Moore
201 Townsend St Ste 900
Lansing, MI 48933

Area Code and Phone (517) 374-9121

8. TYPE OF STATEMENT:
APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON STATE LEVEL

APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON COUNTY LEVEL

APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON STATE AND COUNTY LEVEL

- 8a. QUARTERLY STATEMENTS
- January 31
 - April 25
 - July 25
 - October 25

- 8c. ANNUAL STATEMENT
(_____ Coverage Year) Local
Candidates Exempted
- 8d. PRE-ELECTION OR
- 8e. POST-ELECTION

- 8f. AMENDMENT TO CAMPAIGN STATEMENT
(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being amended)

8b. SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT

- Pre-Election or Post-Election Statement relates to:
- PRIMARY GENERAL
 - CONVENTION SCHOOL
 - SPECIAL CAUCUS

8g. DISSOLUTION OF COMMITTEE

Effective Date of Dissolution _____

Date of Election, Convention or Caucus:
11/03/20

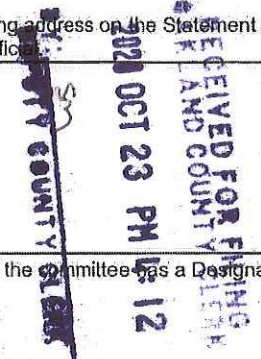
- July 25 Quarterly
- October 25 Quarterly

By checking this item, I/We certify that the committee has no asset or outstanding debts, including late filing fees. Further, I 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 2B and the Summary Page.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record Keeper: **Rena Moore** Type or Print Name: Rena Moore Signature: Rena Moore Date: 10/22/20





1. Committee I.D. Number 97271

2. Committee Name Take Back Walled Lake

**SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE**

	Column I This Period	Column II Cumulative for Calendar Year
RECEIPTS		
3. Contributions		
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0.00</u>	(18.) \$ <u>0.00</u>
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.) \$ <u>0.00</u>	(20.) \$ <u>0.00</u>
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized (Schedule 2-IK, Column 7)	(6a.) \$ <u>8,613.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>8,613.00</u>	(21.) \$ <u>8,613.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$ <u>0.00</u>	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$ <u>0.00</u>	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$ <u>0.00</u>	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$ <u>0.00</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$ <u>0.00</u>	(23.) \$ <u>0.00</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
IN-KIND EXPENDITURES		
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$ <u>0.00</u>	(25.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 2E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 2E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) + <u>0.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>0.00</u>	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) - <u>0.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>0.00</u>	

*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 2-IK
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I. D. Number 97271

2. Committee Name Take Back Walled Lake

3. Name and Address from whom received <small>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from another Political Committee or Independent Committee (Both are commonly called PACs).</small>	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 Calendar Year (Through date in Item 5)
Contribution # 1 Name & Address: Manna, Robert 1937 Carsons Cove Commerce Twp, MI 48390 <small>If over \$100.00 cumulative, please provide:</small> Occupation: <u>Owner</u> Employer Name & Address: Marathon of Walled Lake, Inc 1101 N. Pontiac Trail Walled Lake, MI 48390 <input type="checkbox"/> Fund Raiser Contribution	PAC Receipt? <input type="checkbox"/> YES 4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others- LOAN Description <u>banners and signs</u> 5. DATE OF RECEIPT: <u>09/29/20</u> 6. VENDOR NAME & ADDRESS: <u>Crazycheappoliticalsigns.com</u>	\$ <u>2552.52</u>	\$ <u>\$2,552.52</u> Click Here for Memo Itemization Type
Contribution # 2 Name & Address: Manna, Robert 1937 Carsons Cove Commerce Twp, MI 48390 <small>If over \$100.00 cumulative, please provide:</small> Occupation: <u>Owner</u> Employer Name & Address Marathon of Walled Lake, Inc 1101 N. Pontiac Trail Walled Lake, MI 48390 <input type="checkbox"/> Fund Raiser Contribution	PAC Receipt? <input type="checkbox"/> YES 4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others- LOAN Description <u>postcards</u> 5. DATE OF RECEIPT: <u>09/29/20</u> 6. VENDOR NAME & ADDRESS: <u>48hourprints.com</u> <u>6410 Eastland Road, Suite E</u> <u>Brook Park, OH 44142</u>	\$ <u>704.86</u>	\$ <u>\$3,257.38</u> Click Here for Memo Itemization Type
Contribution # 3 Name & Address: Manna, Robert 1937 Carsons Cove Commerce Twp, MI 48390 <small>If over \$100.00 cumulative, please provide:</small> Occupation: <u>Owner</u> Employer Name & Address Marathon of Walled Lake, Inc 1101 N. Pontiac Trail Walled Lake, MI 48390 <input type="checkbox"/> Fund Raiser Contribution	PAC Receipt? <input type="checkbox"/> YES 4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others- LOAN Description <u>postage</u> 5. DATE OF RECEIPT: <u>10/06/20</u> 6. VENDOR NAME & ADDRESS: <u>United States Postal Service</u> <u>995 N Pontiac Trail</u> <u>Walled Lake, MI 48390</u>	\$ <u>1329.00</u>	\$ <u>\$4,586.38</u> Click Here for Memo Itemization Type

Page Subtotal: **\$4,586.38**

Grand Total of all Schedules 2-IK
(Complete on last page of Schedule)

Enter this total
on line 6a of
Summary Page



**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 2-IK
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I. D. Number 97271

2. Committee Name Take Back Walled Lake

3. Name and Address from whom received <small>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from another Political Committee or Independent Committee (Both are commonly called PACs).</small>	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 Calendar Year (Through date in Item 5)
Contribution # 1 Name & Address: Manna, Robert 1937 Carsons Cove Commerce Twp, MI 48390 <small>If over \$100.00 cumulative, please provide:</small> Occupation: <u>Owner</u> Employer Name & Address: Marathon of Walled Lake, Inc 1101 N. Pontiac Trail Walled Lake, MI 48390 <input type="checkbox"/> Fund Raiser Contribution	PAC Receipt? <input type="checkbox"/> YES 4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others- LOAN Description <u>Full page advertisement</u> 5. DATE OF RECEIPT: <u>10/15/20</u> 6. VENDOR NAME & ADDRESS: Spinal Column Media Group 1103 South Milford Road Highland, MI 48357	\$ <u>1575.00</u>	\$ <u>\$6,161.38</u> Click Here for Memo Itemization Type
Contribution # 2 Name & Address: Manna, Robert 1937 Carsons Cove Commerce Twp, MI 48390 <small>If over \$100.00 cumulative, please provide:</small> Occupation: <u>Owner</u> Employer Name & Address: Marathon of Walled Lake, Inc 1101 N. Pontiac Trail Walled Lake, MI 48390 <input type="checkbox"/> Fund Raiser Contribution	PAC Receipt? <input type="checkbox"/> YES 4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others- LOAN Description <u>sign supplies</u> 5. DATE OF RECEIPT: <u>10/15/20</u> 6. VENDOR NAME & ADDRESS: Home Depot 355 Haggerty Hwy Commerce Twp, MI 48390	\$ <u>252.00</u>	\$ <u>\$6,413.38</u> Click Here for Memo Itemization Type
Contribution # 3 Name & Address: Manna, Robert 1937 Carsons Cove Commerce Twp, MI 48390 <small>If over \$100.00 cumulative, please provide:</small> Occupation: <u>Owner</u> Employer Name & Address: Marathon of Walled Lake, Inc 1101 N. Pontiac Trail Walled Lake, MI 48390 <input type="checkbox"/> Fund Raiser Contribution	PAC Receipt? <input type="checkbox"/> YES 4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others- LOAN Description <u>LED Sign Trailer</u> 5. DATE OF RECEIPT: <u>10/18/20</u> 6. VENDOR NAME & ADDRESS: Werkz Direct 2738 E Highland Rd Highland Charter Twp, MI 48356	\$ <u>2200.00</u>	\$ <u>\$8,613.38</u> Click Here for Memo Itemization Type

Page Subtotal **\$4,027.00**

Grand Total of all Schedules 2-IK
(Complete on last page of Schedule) **\$8,613.38**

Enter this total
on line 6a of
Summary Page