



STATE OF MICHIGAN  
RUTH JOHNSON, SECRETARY OF STATE  
DEPARTMENT OF STATE  
LANSING

May 16, 2016

Brian D. Booker  
4465 Stone Creek Court  
Saginaw, Michigan 48603

Dear Mr. Booker:

The Department of State (Department) received a formal complaint filed by Joseph Tomczyk against you, alleging that you violated the Michigan Campaign Finance Act (MCFA), 1976 PA 388, MCL 169.201 *et seq.* A copy of the complaint and supporting documentation is provided as an enclosure with this letter.

The MCFA requires committees to file periodic campaign finance statements and reports. MCL 169.233. The failure to file a single campaign statement may trigger late filing fees. MCL 169.233(7).

The Act additionally requires filed campaign finance statements and reports to be complete and accurate. MCL 169.233. A candidate who knowingly files an incomplete or inaccurate statement or report may be subject to a civil fine of up to \$1,000.00. MCL 169.233(10). A candidate who knowingly omits or underreports a contribution or expenditure may be subject to a civil fine of up to \$1,000.00, or the amount of the undisclosed contribution or expenditure, whichever is greater. MCL 169.233(11).

Mr. Tomczyk alleges that you have filed to file a report and filed an incomplete or inaccurate report.

The purpose of this letter is to inform you of the Department's examination of these matters and your right to respond to the allegations before the Department proceeds further. It is important to understand that the Department is neither making this complaint nor accepting the allegations as true.

**If you wish to file a written response to the complaint, you are required to do so within 15 business days of the date of this letter.** Your response may include any written statement or additional documentary evidence you wish to submit. All materials must be sent to the Department of State, Bureau of Elections, Richard H. Austin Building, 1<sup>st</sup> Floor, 430 West Allegan Street, Lansing, Michigan 48918. If you fail to submit a response, the Department will render a decision based on the evidence furnished by the complainant.

A copy of your reply will be provided to Mr. Tomczyk, who will have an opportunity to submit a rebuttal statement to the Department. After reviewing all of the statements and materials provided by the parties, the Department will determine whether "there may be reason to believe

Brian D. Booker  
May 16, 2016  
Page 2

that a violation of [the MCFA] has occurred [.]” MCL 169.215(10). Note that the Department’s enforcement powers include the possibility of entering a conciliation agreement or conducting an administrative hearing.

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If you have any questions concerning this matter, you may contact me at (517) 241-0395.

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Sincerely,

A handwritten signature in black ink, appearing to read "Lori A. Bourbonais". The signature is fluid and cursive, with the first name "Lori" being more prominent.

Lori A. Bourbonais  
Bureau of Elections  
Michigan Department of State

c: Joseph J. Tomczyk

Michigan Department of State  
Campaign Finance Complaint Form

Reset Form

This complaint form may be used to file a complaint alleging that someone violated the Michigan Campaign Finance Act (the MCFA, 1976 PA 388, as amended, MCL 169.201 *et seq.*).

Please print or type all information.

I allege that the MCFA was violated as follows:

Section 1. Complainant		
Your Name Joseph J. Tomczyk		Daytime Telephone Number 517-230-6866
Mailing Address PO Box 113		
City St. Johns	State MI	Zip 48879

Section 2. Alleged Violator		
Name Brian D. Booker		
Mailing Address 4465 Stone Creek Court		
City Saginaw	State MI	Zip 48603

Section 3. Alleged Violations (Use additional sheet if more space is needed.)
---

Section(s) of the MCFA violated: Section 26(1)(e) [MCL 169.226(1)(e)]

Explain how those sections were violated:

Itemized Contributions Schedule 1A: Fifty-five (55) individual contributions are listed.

None list the Contributor's street address.

Evidence that supports those allegations (attach copies of pertinent documents and other information)

See Attached Exhibit, Exhibit Pages 3-16

**Michigan Department of State  
Campaign Finance Complaint Form**

**Reset Form**

This complaint form may be used to file a complaint alleging that someone violated the Michigan Campaign Finance Act (the MCFA, 1976 PA 388, as amended; MCL 169.201 *et seq.*).

**Please print or type all information.**

I allege that the MCFA was violated as follows:

<b>Section 1. Complainant</b>		
Your Name <b>Joseph J. Tomczyk</b>		Daytime Telephone Number <b>517-230-6866</b>
Mailing Address <b>PO Box 113</b>		
City <b>St. Johns</b>	State <b>MI</b>	Zip <b>48879</b>

<b>Section 2. Alleged Violator</b>		
Name <b>Brian D. Booker</b>		
Mailing Address <b>4465 Stone Creek Court</b>		
City <b>Saginaw</b>	State <b>MI</b>	Zip <b>48603</b>

**Section 3. Alleged Violations** (Use additional sheet if more space is needed.)

Section(s) of the MCFA violated: **Section 26(1)(e) [MCL 169.226(1)(e)]**

Explain how those sections were violated:

Itemized Contributions Schedule 1A: Cumulative contributions for Trisha Ogg  
are not listed.

Evidence that supports those allegations (attach copies of pertinent documents and other information):

See Attached Exhibit, Exhibit Page 16

**Michigan Department of State  
Campaign Finance Complaint Form**

**Reset Form**

This complaint form may be used to file a complaint alleging that someone violated the Michigan Campaign Finance Act (the MCFA, 1976 PA 388, as amended; MCL 169.201 *et seq.*).

**Please print or type all information.**

I allege that the MCFA was violated as follows:

<b>Section 1. Complainant</b>		
Your Name <b>Joseph J. Tomczyk</b>		Daytime Telephone Number <b>517-230-6866</b>
Mailing Address <b>PO Box 113</b>		
City <b>St. Johns</b>	State <b>MI</b>	Zip <b>48879</b>

<b>Section 2. Alleged Violator</b>		
Name <b>Brian D. Booker</b>		
Mailing Address <b>4465 Stone Creek Court</b>		
City <b>Saginaw</b>	State <b>MI</b>	Zip <b>48603</b>

<b>Section 3. Alleged Violations (Use additional sheet if more space is needed.)</b>
--

Section(s) of the MCFA violated: **Section 26(1)(e) [MCL 169.226(1)(e)]**

Explain how those sections were violated:

**Itemized In-Kind Contributions Schedule 1-IK: Eight (8) separate contributions listed. No listing shows the date of receipt, contributor's street address, or vendor name & address.**

Evidence that supports those allegations (attach copies of pertinent documents and other information):

**See Attached Exhibit, Exhibit Pages 18-20**

**Michigan Department of State  
Campaign Finance Complaint Form**

**Reset Form**

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**Please print or type all information.**

I allege that the MCFA was violated as follows:

<b>Section 1. Complainant</b>		
Your Name <b>Joseph J. Tomczyk</b>		Daytime Telephone Number <b>517-230-6866</b>
Mailing Address <b>PO Box 113</b>		
City <b>St. Johns</b>	State <b>MI</b>	Zip <b>48879</b>

<b>Section 2. Alleged Violator</b>		
Name <b>Brian D. Booker</b>		
Mailing Address <b>4465 Stone Creek Court</b>		
City <b>Saginaw</b>	State <b>MI</b>	Zip <b>48603</b>

**Section 3. Alleged Violations** (Use additional sheet if more space is needed.)

Section(s) of the MCFA violated: **Section 26(1)(e) [MCL 169.226(1)(e)]**

Explain how those sections were violated:

**Itemized In-Kind Contributions Schedule 1-IK: Allen Ogg (Exhibit Page 4) & Karen Lawrence-Webster (Exhibit Pages 6 & 15) direct contributions were not listed in Cumulative Totals.**

Evidence that supports those allegations (attach copies of pertinent documents and other information):

**See Attached Exhibit, Exhibit Pages 19-20**

**Michigan Department of State  
Campaign Finance Complaint Form**

**Reset Form**

This complaint form may be used to file a complaint alleging that someone violated the Michigan Campaign Finance Act (the MCFA, 1976 PA 388, as amended; MCL 169.201 *et seq.*).

**Please print or type all information.**

I allege that the MCFA was violated as follows:

<b>Section 1. Complainant</b>		
Your Name	Joseph J. Tomczyk	
Daytime Telephone Number	517-230-6866	
Mailing Address	PO Box 113	
City	State	Zip
St. Johns	MI	48879

<b>Section 2. Alleged Violator</b>		
Name	Brian D. Booker	
Mailing Address	4465 Stone Creek Court	
City	State	Zip
Saginaw	MI	48603

**Section 3. Alleged Violations** (Use additional sheets if more space is needed.)

Section(s) of the MCFA violated: Section 26(1)(e) [MCL 169.226(1)(e)]

Explain how those sections were violated:

Itemized In-Kind Contributions Schedule 1-IK: Allen Ogg & Karen Lawrence-Webster

Occupation, Employer Name & Address is not listed

Evidence that supports those allegations (attach copies of pertinent documents and other information)

See Attached Exhibit, Exhibit Pages 19-20

**Michigan Department of State  
Campaign Finance Complaint Form**

**Reset Form**

This complaint form may be used to file a complaint alleging that someone violated the Michigan Campaign Finance Act (the MCFA, 1976 PA 388, as amended; MCL 169.201 *et seq.*).

**Please print or type all information.**

I allege that the MCFA was violated as follows:

<b>Section 1. Complainant</b>		
Your Name <b>Joseph J. Tomczyk</b>		Daytime Telephone Number <b>517-230-6866</b>
Mailing Address <b>PO Box 113</b>		
City <b>St. Johns</b>	State <b>MI</b>	Zip <b>48879</b>

<b>Section 2. Alleged Violator</b>		
Name <b>Brian D. Booker</b>		
Mailing Address <b>4465 Stone Creek Court</b>		
City <b>Saginaw</b>	State <b>MI</b>	Zip <b>48603</b>

**Section 3. Alleged Violations** (Use additional sheet if more space is needed.)

Section(s) of the MCFA violated: **Section 33(1)(c) [MCL 169.233(1)(c)]**

Explain how those sections were violated:

Fund Raiser Schedule 1F: If this fund-raiser was held on 7/1/2015 (as indicated in the filed report), a Campaign Report for the period ending 7/20/2015 should have been filed. This item should not have been included in a report for the period ending October 20, 2015.

Evidence that supports those allegations (attach copies of pertinent documents and other information):

See Attached Exhibit, Exhibit Page 27

**Section 4. Certification (Required)**

*I certify that to the best of my knowledge, information, and belief, formed after a reasonable inquiry under the circumstances, each factual contention of this complaint is supported by evidence.*

X

*Joseph J. Tomczyk*  
Signature of Complainant

5/2/2016  
Date

**Section 5. Certification without Evidence (Supplemental to Section 4)**

Section 15(6) of the MCFA (MCL 169.215) requires that the signed certification found in section 4 of this form be included in every complaint. However, if, after a reasonable inquiry under the circumstances, you are unable to certify that certain factual contentions are supported by evidence, you may also make the following certification:

*I certify that to the best of my knowledge, information, or belief, there are grounds to conclude that the following specifically identified factual contentions are likely to be supported by evidence after a reasonable opportunity for further inquiry. Those specific contentions are:*

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X

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

Section 15(8) of the MCFA provides that a person who files a complaint with a false certification is responsible for a civil violation of the MCFA. The person may be required to pay a civil fine of up to \$1,000.00 and some or all of the expenses incurred by the Michigan Department of State and the alleged violator as a direct result of the filing of the complaint.

Mail or deliver the completed complaint form and evidence to the following address:

Michigan Department of State  
Bureau of Elections  
Richard H. Austin Building – 1st Floor  
430 West Allegan Street  
Lansing, Michigan 48918



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE  
COVER PAGE

FILED  
SAGINAW COUNTY, M

FOR OFFICIAL USE ONLY

2015 OCT 27 P 4:01

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: June 1, 2015 to October 23, 2015  
SUSAN MALTENBACH  
COUNTY CLERK

1. Committee I.D. Number  
**20150101736**

2. Committee Name  
**Committee to Elect Brian D. Booker Sheriff**

4. Candidate Last Name **Booker** First Name **Brian**  
4a. Office Sought including District # or Community Served (If applicable) **Sheriff**  
D  
DEPUTY CLERK

4b. County of Residence **SAGINAW**

5. Committee's Mailing Address  
**4465 Stone Creek Court  
Saginaw, Michigan 48603**

6. Treasurer's Name & Residential Address  
**Karen L. Lawrence-Webster  
219 Superior  
Saginaw, Michigan 48602**

Area Code and Phone **9895292573**  
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.

Area Code & Phone **9897997150**

7. Treasurer's Business Address  
**219 Superior  
Saginaw, Michigan 48602**

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

Area Code and Phone **9897997150**

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

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.

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby 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.

Date of Election, Convention or Caucus

August 2, 2016

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 Designated Record keeper **Karen Lawrence-Webster**

Type or Print Name

Signature

Date

10/26/2015

Candidate **Brian D. Booker**

Type or Print Name

Signature

Date

10-27-15



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 20150101736

2. Committee Name Committee to Elect Brian Booker

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

**RECEIPTS**

**3. Contributions**

a. Itemized (Schedule 1A - Column 6)

(3a.) \$ 3,888.00

b. Unitemized (less than \$20.01 each - no Schedule)

(3b.) \$ NOT APPLICABLE

c. Subtotal of "Contributions"

(3c.) \$ \$3,888.00

4. Other Receipts (Schedule 1A -1, Column 6)

(4.) \$ \$0.00

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS  
(Add Line 3c + Line 4)

(5.) \$ \$3,888.00

**IN-KIND CONTRIBUTIONS & EXPENDITURES**

6. In-Kind Contributions (Schedule 1-IK, Column 7)

(6.) \$ \$591.98

7. In-Kind Expenditures (Schedule 1B-IK, Column 8)

(7.) \$ \$0.00

**EXPENDITURES**

**8. Expenditures**

a. Itemized (Schedule 1B, Column 6)

(8a.) \$ \$3,762.07

b. Itemized Get-Out-the-Vote (Schedule 1B-G)

(8b.) \$ \$0.00

c. Unitemized (less than \$50.01 each - no Schedule)

(8c.) \$ \$0.00

9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)

(9.) \$ \$3,762.07

**INCIDENTAL EXPENSE DISBURSEMENTS  
(Officeholders Only)**

**10. Disbursements**

a. Itemized (Schedule 1C, Column 6)

(10a.) \$ \$0.00

b. Unitemized (less than \$50.01 each - no Schedule)

(10b.) \$ \$0.00

11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS  
(Add Line 10a + Line 10b)

(11.) \$ \$0.00

**DEBTS AND OBLIGATIONS**

**12. Debts and Obligations**

a. Owed by the Committee (Schedule 1E)

(12a.) \$ \$0.00

b. Owed to the Committee (Schedule 1E)

(12b.) \$

**BALANCE STATEMENT**

13. Ending Balance of last report filed  
(Enter zero if no previous reports have been filed.)

(13.) \$ \$0.00

14. Amount received during reporting period  
(Line 5, Total Contributions & Other Receipts)

(14.) + \$ \$3,888.00

15. SUBTOTAL Add lines 13 and 14

(15.) = \$ \$3,888.00

16. Amount expended during reporting period  
(Add lines 9 and 11)

(16.) - \$ \$3,762.07

17. ENDING BALANCE

(Subtract line 16 from line 15)

(17.) \$ \$125.93

Column I  
This Period

Column II  
Cumulative this election cycle

(18.) \$ \$0.00

(19.) \$

(20.) \$

(21.) \$

(22.) \$

(23.) \$

(24.) \$ \$0.00



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 2015010173

2. Committee Name Committee to Elect Brian Booker Sh

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 7/24/2015

Name & Address:

Hall, David

\$ 100.00

\$ 100.00

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 7/28/2015

Name & Address

Lawrence-Webster, Karen

\$ 15.00

\$ 15.00

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 7/30/2015

Name & Address:

Hayes, Frances

\$ 30.00

\$ 30.00

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 #4 PAC Receipt? ☐ YES

4. Date of Receipt 7/30/2015

Name & Address

Opperman, David

\$ 15.00

\$ 15.00

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

160.00

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 2015010173

2. Committee Name Committee to Elect Brian Booker Sh

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 7/30/2015

Name & Address:

Hinton, Dawn

\$ 15.00

\$ 15.00

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 7/30/2015

Name & Address

Ogg, Allan

\$ 65.00

\$ 65.00

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 7/30/2015

Name & Address:

Booker, Shirley

\$ 15.00

\$ 15.00

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 # 4

PAC Receipt? ☐ YES

4. Date of Receipt 7/30/2015

Name & Address

Wells, Lawrence

\$ 20.00

\$ 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](#)

Page Subtotal

115.00

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 2015010173

2. Committee Name Committee to Elect Brian Booker Sh

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 7/30/2015

Name & Address:

Tatum, Willomena

\$ 10.00

\$ 10.00

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 7/30/2015

Name & Address:

Jackson, JoeAnn

\$ 20.00

\$ 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 # 3 PAC Receipt? ☐ YES

4. Date of Receipt 7/30/2015

Name & Address:

Booker, Brian

\$ 347.00

\$ 347.00

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 # 4 PAC Receipt? ☐ YES

4. Date of Receipt 7/30/2015

Name & Address:

Coleman, Hurley

\$ 100.00

\$ 100.00

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 477.00

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 2015010173

2. Committee Name Committee to Elect Brian Booker Sh

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 8/6/2015

Name & Address:

Lawrence-Webster, Karen

\$ 25.00

\$ 40.00

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 8/6/2015

Name & Address:

Reynolds, Yolonda

\$ 25.00

\$ 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 8/6/2015

Name & Address:

Tafel, Cathy

\$ 50.00

\$ 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 # 4 PAC Receipt? ☐ YES

4. Date of Receipt 7/30/2015

Name & Address:

Hewitt, William

\$ 20.00

\$ 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](#)

Page Subtotal 120.00

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 2015010173

2. Committee Name Committee to Elect Brian Booker Sh

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 8/6/2015

Name & Address:

Beverly, Richard

\$ 15.00

\$ 15.00

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 8/6/2015

Name & Address

Simon, Tawanya

\$ 25.00

\$ 25.00

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 8/6/2015

Name & Address:

Turner, Diane

\$ 6.00

\$ 6.00

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 # 4

PAC Receipt? ☐ YES

4. Date of Receipt 7/30/2015

Name & Address

Jordan, Carla

\$ 25.00

\$ 25.00

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

Page Subtotal **71.00**

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 2015010173

2. Committee Name Committee to Elect Brian Booker Sh

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 8/6/2015

Name & Address:

Johnson, Freddie

\$ 70.00

\$ 70.00

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 8/6/2015

Name & Address

Dale, Lorman

\$ 60.00

\$ 60.00

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 8/6/2015

Name & Address:

Webb, Cecilia

\$ 25.00

\$ 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 # 4

PAC Receipt? ☐ YES

4. Date of Receipt 7/30/2015

Name & Address

Dillard, Christine

\$ 50.00

\$ 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

205.00

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 2015010173

2. Committee Name Committee to Elect Brian Booker Sh

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 8/6/2015

Name & Address:

Patterson, Maurice

\$ 20.00

\$ 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 8/22/2015

Name & Address

Balls, Michael

\$ 100.00

\$ 100.00

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 8/22/215

Name & Address:

Tibbs, Demond

\$ 25.00

\$ 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 # 4 PAC Receipt? ☐ YES

4. Date of Receipt 8/22/2015

Name & Address

Gaddis, James

\$ 25.00

\$ 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

170.00

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 2015010173

2. Committee Name Committee to Elect Brian Booker Sh

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 8/25/2015

Name & Address:

Zackrie, Carrie Jackson

\$ 50.00

\$ 50.00

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 8/25/2015

Name & Address:

Flournoy, Athen

\$ 25.00

\$ 25.00

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 8/22/215

Name & Address:

Cabine, Melissa

\$ 100.00

\$ 100.00

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 # 4 PAC Receipt? ☐ YES

4. Date of Receipt 8/25/2015

Name & Address:

Vinson, Brenda

\$ 100.00

\$ 100.00

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

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.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 2015010173

2. Committee Name Committee to Elect Brian Booker Sh

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 8/27/2015

Name & Address:

Howell, Russell

\$ 50.00

\$ 50.00

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 8/27/2015

Name & Address

Foxx, Juanita

\$ 25.00

\$ 25.00

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 8/22/2015

Name & Address:

Lawrence, Glendorah

\$ 25.00

\$ 25.00

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 #4 PAC Receipt? ☐ YES

4. Date of Receipt 8/25/2015

Name & Address

Manning, Beatrice

\$ 50.00

\$ 50.00

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

Page Subtotal 150.00

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 2015010173

2. Committee Name Committee to Elect Brian Booker Sh

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 8/27/2015

Name & Address:

Williams Bettis, Ceylon

\$ 25.00

\$ 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 #2 PAC Receipt? ☐ YES

4. Date of Receipt 8/27/2015

Name & Address

Platko, Gloria

\$ 50.00

\$ 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 8/22/215

Name & Address:

Lawrence, Pauline

\$ 25.00

\$ 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 # 4 PAC Receipt? ☐ YES

4. Date of Receipt 8/25/2015

Name & Address

Houston-Philpot, Kimberly

\$ 25.00

\$ 25.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

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

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Page Subtotal

125.00

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 2015010173

2. Committee Name Committee to Elect Brian Booker Sh

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 9/5/2015

Name & Address:

Daniel, Desmon

\$ 50.00

\$ 50.00

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 9/5/2015

Name & Address:

Mosher, Michael

\$ 20.00

\$ 20.00

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 8/22/2015

Name & Address:

Turner, John

\$ 150.00

\$ 150.00

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

Occupation Retired Employer Urban League

[Click Here for Memo Itemization](#)

Business Address N/A

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 8/25/2015

Name & Address:

Ruth, Carl

\$ 100.00

\$ 100.00

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

Page Subtotal 320.00

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 2015010173

2. Committee Name Committee to Elect Brian Booker Sh

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.

3. Contribution #1 PAC Receipt? ☐ YES

Name & Address:

Jenkins, Marvin

4. Date of Receipt 9/25/2015

6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

\$ 50.00

\$ 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 #2 PAC Receipt? ☐ YES

Name & Address

Booker, Brian

4. Date of Receipt 9/25/2015

\$ 150.00

\$ 497.00

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

Name & Address:

Turpin, Roger and Karen

4. Date of Receipt 8/22/2015

\$ 100.00

\$ 100.00

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 #4 PAC Receipt? ☐ YES

Name & Address

Holoman, Linda

4. Date of Receipt 8/25/2015

\$ 25.00

\$ 25.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

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

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Page Subtotal 325.00

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

Enter this total on  
line 3a of Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 2015010173

2. Committee Name Committee to Elect Brian Booker Sh

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 10/6/2015

Name & Address:

Lawrence-Webster, Karen

\$ 50.00

\$ 90.00

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 10/6/2015

Name & Address:

Patterson, Rudy

\$ 100.00

\$ 100.00

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 10/20/2015

Name & Address:

Tivis, Tierra

\$ 50.00

\$ 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 #4 PAC Receipt? ☐ YES

4. Date of Receipt \_\_\_\_\_

Name & Address:

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 200.00

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 2015010173

2. Committee Name Committee to Elect Brian Booker Sh

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 8/6/2015

Name & Address:

Ogg, Trisha

\$ 465.00

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 9/16/2015

Name & Address:

Ogg, Trisha

\$ 620.00

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 9/29/2015

Name & Address:

Ogg, Trisha

\$ 90.00

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 #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 1,175.00

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

3,888.00

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED OTHER RECEIPTS  
SCHEDULE 1A-1

CANDIDATE COMMITTEE

1. Committee I.D. Number 20150101736

2. Committee Name Committee to Elect Brian Booker Sh

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Page Subtotal			0
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			0

Enter this total on  
line 4 of Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 1-IK

1. Committee I. D. Number

20150101736

CANDIDATE COMMITTEE

2. Committee Name

Committee to Elect Brian Booker Sheriff

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 all in-kind contributions.

4. Type of In-Kind Contribution (Check applicable box)

7. Amount or  
Fair Market  
Value

8. Cumulative  
for Election  
Cycle (Through  
date in Item 5)

Contribution # 1  
Name & Address:

PAC Receipt? ☐ Yes

Joiner, Will

4. ☐ Endorsement or Guarantee of Bank Loan

☒ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description Tent for Announcement

\$ 100.00 \$ 100.00

If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name & Business Address:

5. Date Of Receipt:

6. Vendor Name & Address:

Click Here for Memo Itemization

☐ Fund Raiser Contribution

Contribution # 2  
Name & Address

PAC Receipt? ☐ Yes

Joiner, Jerusha

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description Tent for Announcement

\$ 100.00 \$ 100.00

If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name & Address:

5. Date Of Receipt:

6. Vendor Name & Address:

Click Here for Memo Itemization

☐ Fund Raiser Contribution

Contribution #3  
Name & Address:

PAC Receipt? ☐ Yes

Hibbard, Terri

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☒ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description 8 tickets for Union Civica banquet

\$ 200.00 \$ 200.00

If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name & Address:

5. Date Of Receipt:

6. Vendor Name & Address:

Click Here for Memo Itemization

☐ Fund Raiser Contribution

Page Subtotal

400.00

400.00

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

Enter this total  
on line 6 of Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number

201 501 0736

CANDIDATE COMMITTEE

2. Committee Name

Committee to Elect Brian Booker Sheriff

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 all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 Name & Address:  Hibbard, Terri  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" 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 <u>Candy for parade</u> 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ 59.36	\$ 259.36
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 Name & Address:  Ogg, Allan  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:	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 Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Democrat party banquet ticket</u> 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ 45.00	\$ 45.00
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 Name & Address:  Ogg, Allan  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Address:  State of Michigan Saginaw, Michigan	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 Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>8 tickets for Union Civica banquet</u> 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ 42.62	\$ 87.62
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal 146.98

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

Enter this total  
on line 6 of Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number \_\_\_\_\_

CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Brian Booker Sheriff

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 all in-kind contributions.

4. Type of In-Kind Contribution (Check applicable box)

7. Amount or  
Fair Market  
Value

8. Cumulative  
for Election  
Cycle (Through  
date in Item 5)

Contribution # 1 PAC Receipt? ☐ Yes  
Name & Address:

Lawrence-Webster, Karen

If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name & Business Address:

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☒ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description Thank you Notes

5. Date Of Receipt: \_\_\_\_\_

6. Vendor Name & Address: \_\_\_\_\_

[Click Here for Memo Itemization](#)

☐ Fund Raiser Contribution

Contribution # 2 PAC Receipt? ☐ Yes  
Name & Address:

Hibbard, Terri

If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name & Address:

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☒ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description PRIDE parade entry fee

5. Date Of Receipt: \_\_\_\_\_

6. Vendor Name & Address: \_\_\_\_\_

[Click Here for Memo Itemization](#)

☐ Fund Raiser Contribution

Contribution #3 PAC Receipt? ☐ Yes  
Name & Address:

If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name & Address:

State of Michigan  
Saginaw, Michigan

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☐ 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 45.00

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule) 591.98

Enter this total  
on line 6 of Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED IN-KIND EXPENDITURES

SCHEDULE 1B - IK

CANDIDATE COMMITTEE

20150101736

1. Committee I. D. Number

2. Committee Name Committee to Elect Brian Booker Sheriff

3. Name and Address of person to whom goods or services were donated or transferred.	4. Type of In-Kind Expenditure (Check appropriate box and fill in description)	5. Date:	6. Fair Market Value
Expenditure #1 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable Institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	Date Click Here for Memo Itemization Type	\$
Expenditure #2 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable Institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	Date Click Here for Memo Itemization Type	\$
Expenditure #3 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable Institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	Date Click Here for Memo Itemization Type	\$
Expenditure #4 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable Institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	Date Click Here for Memo Itemization Type	\$
Expenditure #5 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable Institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	Date Click Here for Memo Itemization Type	\$
Page Subtotal			0
Grand Total of all Schedules 1B-IK (Complete on last page of Schedule)			0

Enter this total  
on line 7 of  
the Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES

SCHEDULE 1 B - G

CANDIDATE COMMITTEE

1. Committee I.D. Number 20150110736

2. Committee Name Committee to Elect Brian F

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The-Vote activity in Item 4f.

ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED

3. Name and address of person or vendor to whom the expenditure was made	4. Type of Activity	5. Date	6. Amount
<b>Expenditure #1</b>			
Name & Address:	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify):  For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	Date	\$
<b>Expenditure #2</b>			
Name & Address:	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify):  For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	Date	\$
<b>Expenditure #3</b>			
Name & Address:	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify):  For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	Date	\$

Subtotal this page

0

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

0

Enter total  
on Line 8b

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 20150101736

2. Committee Name Committee to Elect Brian Booker

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
Disbursement # 1 Name & Address:	Purpose _____ Date _____ \$ _____ Click for Memo Itemization Type		
<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		
Disbursement # 2 Name & Address:	Purpose _____ Date _____ \$ _____ Click for Memo Itemization Type		
<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		
Disbursement # 3 Name & Address:	Purpose _____ Date _____ \$ _____ Click for Memo Itemization Type		
<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		
Disbursement # 4 Name & Address:	Purpose _____ Date _____ \$ _____ Click for Memo Itemization Type		
<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		
Subtotal this page			0
Grand Total of all Schedules 1C (Complete on last page of Schedule)			0

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 20150101736

2. Committee Name Committee to Elect Brian D. Booker

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? ☐ Yes  
Owed to or by:

4. Type: \_\_\_\_\_

5. Date Debt Was Incurred: \_\_\_\_\_

6. Original Amount of Debt: \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

☐ FORGIVEN

If bank loan, name of endorser or guarantor: \_\_\_\_\_

Amount Endorsed: \$ \_\_\_\_\_

Debt #2 Corp? ☐ Yes  
Owed to or by:

4. Type: \_\_\_\_\_

5. Date Debt Was Incurred: \_\_\_\_\_

6. Original Amount of Debt: \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

☐ FORGIVEN

If bank loan, name of endorser or guarantor: \_\_\_\_\_

Amount Endorsed: \$ \_\_\_\_\_

Debt #3 Corp? ☐ Yes  
Owed to or by:

4. Type: \_\_\_\_\_

5. Date Debt Was Incurred: \_\_\_\_\_

6. Original Amount of Debt: \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

☐ FORGIVEN

If bank loan, name of endorser or guarantor: \_\_\_\_\_

Amount Endorsed: \$ \_\_\_\_\_

Page Subtotal (Outstanding debt) 0

(Complete on last page of Schedule showing amounts owed by or to the committee) Grand Total of all Schedules 1E 0

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.

Page 1 of 1

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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE

1. Committee I.D. Number 20150101736

2. Committee Name Committee to Elect Brian Booker Sheriff

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>08/27/15</u>	4. Number of Individuals Attending or Participating (whichever is greater)  <u>25</u>	5. Type of Fund Raising Activity  <u>Meet and Greet</u>	6. Address and Name (If any) of the place where the activity was held. <u>219 Superior</u> <input checked="" type="checkbox"/> Private Residence
---	---	---	--

7. Total Contributions \$350.00

8. Other Receipts \$0.00

9. Gross Receipts (Add lines 7 and 8) \$350.00

10. Total Cost of Event \$250.00

(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 (%)
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

- 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.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE

1. Committee I.D. Number 20150101736  
2. Committee Name Committee to Elect Brian Booker Sheriff

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>08/27/15</u>	4. Number of Individuals Attending or Participating (whichever is greater)  50	5. Type of Fund Raising Activity  Meet and Greet	6. Address and Name (if any) of the place where the activity was held.  Borchard Park <input type="checkbox"/> Private Residence
---	--	--	--

7. Total Contributions \$220.00  
8. Other Receipts \$0.00  
9. Gross Receipts (Add lines 7 and 8) \$220.00  
10. Total Cost of Event \$200.00  
(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.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 20150101736  
2. Committee Name Committee to Elect Brian Booker Sheriff

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held <u>07/01/15</u>	4. Number of Individuals Attending or Participating (whichever is greater)  <u>na</u>	5. Type of Fund Raising Activity  <u>T-Shirts</u>	6. Address and Name (If any) of the place where the activity was held.  <u>NA</u> <input type="checkbox"/> Private Residence
---	---	---	--

7. Total Contributions \$1,175.00  
8. Other Receipts \$0.00  
9. Gross Receipts (Add lines 7 and 8) \$1,175.00  
10. Total Cost of Event \$1,127.84  
(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 (1-1K), 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.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 20150101736

2. Committee Name Committee to Elect Brian Booker Sheriff

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<b>Expenditure #1</b> Name <u>Lawrence-Webster, Karen</u> Address <u>219 Superior</u> <u>Saginaw, Michigan</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>T-Shirts</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/1/2011</u> Date	<u>\$ 584.00</u> Click Here for Memo Itemization Type
<b>Expenditure #2</b> Name <u>Sandlot Sports</u> Address <u>9790 Gratiot</u> <u>Saginaw, Michigan</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>T-Shirts</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/7/2011</u> Date	<u>\$ 508.80</u> Click Here for Memo Itemization Type
<b>Expenditure #3</b> Name <u>Saturday Travlers</u> Address <u>1080 River Forest Drive</u> <u>Saginaw, Michigan</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertisement</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/10/2011</u> Date	<u>\$ 125.00</u> Click Here for Memo Itemization Type
<b>Expenditure #4</b> Name <u>U. S. Postmaster</u> Address <u>Saginaw, Michigan</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/10/2011</u> Date	<u>\$ 98.00</u> Click Here for Memo Itemization Type
<b>Expenditure #5</b> Name <u>Lawrence-Webster, Karen</u> Address <input type="checkbox"/> Fund Raiser	Purpose: <u>Printed Materials</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/10/2011</u> Date	<u>\$ 30.00</u> Click Here for Memo Itemization Type

Subtotal this page 1,345.80

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

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 20150101736

2. Committee Name Committee to Elect Brian Booker Sheriff

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<b>Expenditure #1</b> Name <u>NAACP</u> Address <u>Saginaw, Michigan</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertisement</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/31/2014</u> Date	\$ <u>200.00</u>
<b>Expenditure #2</b> Name <u>US Postmaster</u> Address <u>Saginaw, Michigan</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>P. O. Box rental</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/31/2014</u> Date	\$ <u>33.00</u>
<b>Expenditure #3</b> Name <u>Sandlot Sports</u> Address <u>Saginaw, Michigan</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>T-Shirts</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/5/2014</u> Date	\$ <u>265.00</u>
<b>Expenditure #4</b> Name <u>Lawrence-Webster, Karen</u> Address <u>219 Superior</u> <u>Saginaw, Michigan</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Signs/Business Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/6/2014</u> Date	\$ <u>334.83</u>
<b>Expenditure #5</b> Name <u>Sandlot Sports</u> Address <u>Saginaw, Michigan</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>T-Shirts</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/16/2014</u> Date	\$ <u>619.04</u>
Subtotal this page			<u>1,451.87</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total  
on line 8a of  
Summary Page

Exhibit Page 29



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 20150101736

2. Committee Name Committee to Elect Brian Booker Sheriff

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Saginaw County Democratic Party</u> Address <u>Saginaw, Michigan</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertisement</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/30/20</u> Date	<u>\$ 50.00</u>
Expenditure #2 Name <u>Diamond Harris</u> Address <u>Saginaw, Michigan</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Marketing Services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/30/20</u> Date	<u>\$ 325.00</u>
Expenditure #3 Name <u>Staples</u> Address <u>Saginaw, Michigan</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Car Magnets</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/30/20</u> Date	<u>\$ 113.88</u>
Expenditure #4 Name <u>Saginaw County Democratic Party</u> Address <u>Saginaw, Michigan</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertisement</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/6/20</u> Date	<u>\$ 100.00</u>
Expenditure #5 Name <u>Copy Quick</u> Address <u>Saginaw, Michigan</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printed Material</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/6/20</u> Date	<u>\$ 15.00</u>

Subtotal this page 603.88

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

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 20150101736

2. Committee Name Committee to Elect Brian Booker Sheriff

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Walmart</u> Address <u>Saginaw, Michigan</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/30/20</u> Date	<u>\$ 6.12</u>
Expenditure #2 Name <u>Diamond Harris</u> Address <u>Saginaw, Michigan</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Marketing Services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/22/20</u> Date	<u>\$ 325.00</u>
Expenditure #3 Name <u>US Postmaster</u> Address <u>Saginaw, Michigan</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/20</u> Date	<u>\$ 29.40</u>
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

360.52

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

3762.07

Enter this total  
on line 8a of  
Summary Page

Exhibit Page 31



STATE OF MICHIGAN  
RUTH JOHNSON, SECRETARY OF STATE  
DEPARTMENT OF STATE  
LANSING

June 9, 2016

Joseph J. Tomczyk  
P.O. Box 113  
St. Johns, Michigan 48879

Dear Mr. Tomczyk:

The Department of State received a response to the complaint you filed against the Brian Booker, which concerns an alleged violation of the Michigan Campaign Finance Act (MCFA), 1976 P.A. 388, MCL 169.201 *et seq.* A copy of the response is provided as an enclosure with this letter.

If you elect to file a rebuttal statement, you are required to send it within 10 business days of the date of this letter to the Bureau of Elections, Richard H. Austin Building, 1<sup>st</sup> Floor, 430 West Allegan Street, Lansing, Michigan 48918.

Sincerely,

A handwritten signature in black ink that reads "Lori A. Bourbonais".

Lori A. Bourbonais  
Bureau of Elections  
Michigan Department of State

c: Brian Booker



STATE OF MICHIGAN  
RUTH JOHNSON, SECRETARY OF STATE  
DEPARTMENT OF STATE  
LANSING

May 16, 2016

Brian D. Booker  
4465 Stone Creek Court  
Saginaw, Michigan 48603

Dear Mr. Booker:

The Department of State (Department) received a formal complaint filed by Joseph Tomczyk against you, alleging that you violated the Michigan Campaign Finance Act (MCFA), 1976 PA 388, MCL 169.201 *et seq.* A copy of the complaint and supporting documentation is provided as an enclosure with this letter.

The MCFA requires committees to file periodic campaign finance statements and reports. MCL 169.233. The failure to file a single campaign statement may trigger late filing fees. MCL 169.233(7).

The Act additionally requires filed campaign finance statements and reports to be complete and accurate. MCL 169.233. A candidate who knowingly files an incomplete or inaccurate statement or report may be subject to a civil fine of up to \$1,000.00. MCL 169.233(10). A candidate who knowingly omits or underreports a contribution or expenditure may be subject to a civil fine of up to \$1,000.00, or the amount of the undisclosed contribution or expenditure, whichever is greater. MCL 169.233(11).

Mr. Tomczyk alleges that you have filed to file a report and filed an incomplete or inaccurate report.

The purpose of this letter is to inform you of the Department's examination of these matters and your right to respond to the allegations before the Department proceeds further. It is important to understand that the Department is neither making this complaint nor accepting the allegations as true.

**If you wish to file a written response to the complaint, you are required to do so within 15 business days of the date of this letter.** Your response may include any written statement or additional documentary evidence you wish to submit. All materials must be sent to the Department of State, Bureau of Elections, Richard H. Austin Building, 1<sup>st</sup> Floor, 430 West Allegan Street, Lansing, Michigan 48918. If you fail to submit a response, the Department will render a decision based on the evidence furnished by the complainant.

A copy of your reply will be provided to Mr. Tomczyk, who will have an opportunity to submit a rebuttal statement to the Department. After reviewing all of the statements and materials provided by the parties, the Department will determine whether "there may be reason to believe

mail

RECEIVED/DEPT  
MICHIGAN/DEPT  
2016 JUN -1 PM 4:18  
ELECTIONS/GENERAL

Brian D. Booker  
May 16, 2016  
Page 2

that a violation of [the MCFA] has occurred [.]” MCL 169.215(10). Note that the Department’s enforcement powers include the possibility of entering a conciliation agreement or conducting an administrative hearing.

---

If you have any questions concerning this matter, you may contact me at (517) 241-0395.

---

Sincerely,



Lori A. Bourbonais  
Bureau of Elections  
Michigan Department of State

c: Joseph J. Tomczyk

Michigan Department of State  
Campaign Finance Complaint Form

Reset Form

This complaint form may be used to file a complaint alleging that someone violated the Michigan Campaign Finance Act (the MCFA, 1976 PA 388, as amended, MCL 169.201 *et seq.*).  
2016 MAY -9 PM 6:13  
ELECTIONS/GREAT SEAL

Please print or type all information.

I allege that the MCFA was violated as follows:

Section 1. Complainant		
Your Name Joseph J. Tomczyk		Daytime Telephone Number 517-230-6866
Mailing Address PO Box 113		
City St. Johns	State MI	Zip 48879

Section 2. Alleged Violator		
Name Brian D. Booker		
Mailing Address 4465 Stone Creek Court		
City Saginaw	State MI	Zip 48603

Section 3. Alleged Violations (Use additional sheet if more space is needed.)

Section(s) of the MCFA violated: Section 26(1)(e) [MCL 169.226(1)(e)]

Explain how those sections were violated:

Itemized Contributions Schedule 1A: Fifty-five (55) individual contributions are listed.

✓ None list the Contributor's street address.

Sorry for the oversight!

Evidence that supports those allegations (attach copies of pertinent documents and other information):

See Attached Exhibit, Exhibit Pages 3-16

Michigan Department of State  
Campaign Finance Complaint Form

Reset Form

This complaint form may be used to file a complaint alleging that someone violated the Michigan Campaign Finance Act (the MCFA, 1976 PA 388, as amended; MCL 169.201 *et seq.*).

Please print or type all information.

I allege that the MCFA was violated as follows:

Section 1: Complainant		
Your Name Joseph J. Tomczyk		Daytime Telephone Number 517-230-6866
Mailing Address PO Box 113		
City St. Johns	State MI	Zip 48879

Section 2: Alleged Violator		
Name Brian D. Booker		
Mailing Address 4465 Stone Creek Court		
City Saginaw	State MI	Zip 48603

Section 3: Alleged Violations (Use additional sheet if more space is needed.)

Section(s) of the MCFA violated: Section 26(1)(e) [MCL 169.226(1)(e)]

Explain how those sections were violated:

Itemized Contributions Schedule 1A: Cumulative contributions for Trisha Ogg are not listed. *It's Fundraiser - T-Shirts*

Evidence that supports those allegations (attach copies of pertinent documents and other information):

See Attached Exhibit, Exhibit Page 16

**Michigan Department of State  
Campaign Finance Complaint Form**

**Reset Form**

This complaint form may be used to file a complaint alleging that someone violated the Michigan Campaign Finance Act (the MCFA, 1976 PA 388, as amended; MCL 169.201 *et seq.*).

**Please print or type all information.**

I allege that the MCFA was violated as follows:

<b>Section 1. Complainant</b>		
Your Name <b>Joseph J. Tomczyk</b>		Daytime Telephone Number <b>517-230-6866</b>
Mailing Address <b>PO Box 113</b>		
City <b>St. Johns</b>	State <b>MI</b>	Zip <b>48879</b>

<b>Section 2. Alleged Violator</b>		
Name <b>Brian D. Booker</b>		
Mailing Address <b>4465 Stone Creek Court</b>		
City <b>Saginaw</b>	State <b>MI</b>	Zip <b>48603</b>

<b>Section 3. Alleged Violations</b> (Use additional sheet if more space is needed.)
--

Section(s) of the MCFA violated: **Section 26(1)(e) [MCL 169.226(1)(e)]**

Explain how those sections were violated:

**Itemized In-Kind Contributions Schedule 1-IK: Eight (8) separate contributions**

**listed. No listing shows the date of receipt, contributor's street address, or vendor name & address.**

Evidence that supports those allegations (attach copies of pertinent documents and other information):

**See Attached Exhibit, Exhibit Pages 18-20**

**Michigan Department of State  
Campaign Finance Complaint Form**

**Reset Form**

This complaint form may be used to file a complaint alleging that someone violated the Michigan Campaign Finance Act (the MCFA, 1976 PA 388, as amended; MCL 169.201 *et seq.*).

**Please print or type all information.**

I allege that the MCFA was violated as follows:

<b>Section 1. Complainant</b>			
Your Name <b>Joseph J. Tomczyk</b>		Daytime Telephone Number <b>517-230-6866</b>	
Mailing Address <b>PO Box 113</b>			
City <b>St. Johns</b>	State <b>MI</b>	Zip <b>48879</b>	

<b>Section 2. Alleged Violator</b>		
Name <b>Brian D. Booker</b>		
Mailing Address <b>4465 Stone Creek Court</b>		
City <b>Saginaw</b>	State <b>MI</b>	Zip <b>48603</b>

<b>Section 3. Alleged Violations (Use additional sheet if more space is needed.)</b>
--

Section(s) of the MCFA violated: **Section 26(1)(e) [MCL 169.226(1)(e)]**

Explain how those sections were violated:

✓ Itemized In-Kind Contributions Schedule 1-IK: Allen Ogg (Exhibit Page 4) & Karen Lawrence-Webster (Exhibit Pages 6 & 15) direct contributions were not listed in

Cumulative Totals.

140      90      65

Evidence that supports those allegations (attach copies of pertinent documents and other information):

See Attached Exhibit, Exhibit Pages 19-20

**Michigan Department of State  
Campaign Finance Complaint Form**

**Reset Form**

This complaint form may be used to file a complaint alleging that someone violated the Michigan Campaign Finance Act (the MCFA, 1976 PA 388, as amended; MCL 169.201 *et seq.*).

**Please print or type all information.**

I allege that the MCFA was violated as follows:

<b>Section 1. Complainant</b>		
Your Name <b>Joseph J. Tomczyk</b>	Daytime Telephone Number <b>517-230-6866</b>	
Mailing Address <b>PO Box 113</b>		
City <b>St. Johns</b>	State <b>MI</b>	Zip <b>48879</b>

<b>Section 2. Alleged Violator</b>		
Name <b>Brian D. Booker</b>		
Mailing Address <b>4465 Stone Creek Court</b>		
City <b>Saginaw</b>	State <b>MI</b>	Zip <b>48603</b>

<b>Section 3. Alleged Violations</b> (Use additional sheet if more space is needed.)
--

Section(s) of the MCFA violated: **Section 26(1)(e) [MCL 169.226(1)(e)]**

Explain how those sections were violated:

✓ **Itemized In-Kind Contributions Schedule 1-IK: Allen Ogg & Karen Lawrence-Webster**

**Occupation, Employer Name & Address is not listed**

Evidence that supports those allegations (attach copies of pertinent documents and other information):

**See Attached Exhibit, Exhibit Pages 19-20**

Michigan Department of State  
Campaign Finance Complaint Form

Reset Form

This complaint form may be used to file a complaint alleging that someone violated the Michigan Campaign Finance Act (the MCFA, 1976 PA 388, as amended; MCL 169.201 *et seq.*).

Please print or type all information.

I allege that the MCFA was violated as follows:

Section 1. Complainant		
Your Name Joseph J. Tomczyk		Daytime Telephone Number 517-230-6866
Mailing Address PO Box 113		
City St. Johns	State MI	Zip 48879

Section 2. Alleged Violator		
Name Brian D. Booker		
Mailing Address 4465 Stone Creek Court		
City Saginaw	State MI	Zip 48603

Section 3. Alleged Violations (Use additional sheet if more space is needed)

Section(s) of the MCFA violated: Section 33(1)(c) [MCL 169.233(1)(c)]

Explain how those sections were violated:

8/1/2015

Fund Raiser Schedule 1F: If this fund-raiser was held on 7/1/2015 (as indicated in the filed report), a Campaign Report for the period ending 7/20/2015 should have been filed. This item should not have been included in a report for the period ending October 20, 2015.

Evidence that supports those allegations (attach copies of pertinent documents and other information):

See Attached Exhibit, Exhibit Page 27

**Section 4. Certification (Required)**

*I certify that to the best of my knowledge, information, and belief, formed after a reasonable inquiry under the circumstances, each factual contention of this complaint is supported by evidence.*

X

*Joseph J. Tomczyk*  
Signature of Complainant

*5/2/2016*  
Date

**Section 5. Certification without Evidence (Supplemental to Section 4)**

Section 15(6) of the MCFA (MCL 169.215) requires that the signed certification found in section 4 of this form be included in every complaint. However, if, after a reasonable inquiry under the circumstances, you are unable to certify that certain factual contentions are supported by evidence, you may also make the following certification:

*I certify that to the best of my knowledge, information, or belief, there are grounds to conclude that the following specifically identified factual contentions are likely to be supported by evidence after a reasonable opportunity for further inquiry. Those specific contentions are:*

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X

Signature of Complainant

Date

Section 15(8) of the MCFA provides that a person who files a complaint with a false certification is responsible for a civil violation of the MCFA. The person may be required to pay a civil fine of up to \$1,000.00 and some or all of the expenses incurred by the Michigan Department of State and the alleged violator as a direct result of the filing of the complaint.

Mail or deliver the completed complaint form and evidence to the following address:

Michigan Department of State  
Bureau of Elections  
Richard H. Austin Building – 1st Floor  
430 West Allegan Street  
Lansing, Michigan 48918



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE  
COVER PAGE

FILED  
SAGINAW COUNTY, MI

FOR OFFICIAL USE ONLY

2015 OCT 27 P 4:0

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:

June 1, 2015 to October 23, 2015

1. Committee I.D. Number

20150101736

4. Candidate Last Name

Booker

First Name

Brian

4a. Office Sought Including District # or Community Served (If applicable)

Sheriff

SUSAN HALTENBACH  
COUNTY CLERK

D

DEPUTY CLERK

2. Committee Name

Committee to Elect Brian D. Booker Sheriff

4b. County of Residence SAGINAW

5. Committee's Mailing Address

4465 Stone Creek Court  
Saginaw, Michigan 48603

6. Treasurer's Name & Residential Address

Karen L. Lawrence-Webster  
219 Superior  
Saginaw, Michigan 48602

Area Code and Phone 9895292573  
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.

Area Code & Phone 9897997150

7. Treasurer's Business Address

219 Superior  
Saginaw, Michigan 48602

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

Area Code and Phone 9897997150

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

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.

☐ 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.

Date of Election, Convention or Caucus

August 2, 2016

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

Designated Record keeper

Karen Lawrence-Webster,

Type or Print Name

Signature

Date

10/26/2015

Candidate

Brian D. Booker

Type or Print Name

Signature

Date

10-27-15



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 20150101736

**SUMMARY PAGE**  
**CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Brian Booker

**RECEIPTS**

**3. Contributions**

Column I  
This Period

Column II  
Cumulative this election cycle

a. Itemized (Schedule 1A - Column 6)

(3a.) \$ 3,888.00

b. Unitemized (less than \$20.01 each - no Schedule)

(3b.) \$ NOT APPLICABLE

c. Subtotal of "Contributions"

(3c.) \$ \$3,888.00

(18.) \$ \$0.00

4. Other Receipts (Schedule 1A -1, Column 6)

(4.) \$ \$0.00

(19.) \$

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS  
(Add Line 3c + Line 4)

(5.) \$ \$3,888.00

(20.) \$

**IN-KIND CONTRIBUTIONS & EXPENDITURES**

6. In-Kind Contributions (Schedule 1-IK, Column 7)

(6.) \$ \$591.98

(21.) \$

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

(7.) \$ \$0.00

(22.) \$

**EXPENDITURES**

**8. Expenditures**

a. Itemized (Schedule 1B, Column 6)

(8a.) \$ \$3,762.07

b. Itemized Get-Out-the-Vote (Schedule 1B-G)

(8b.) \$ \$0.00

c. Unitemized (less than \$50.01 each - no Schedule)

(8c.) \$ \$0.00

9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)

(9.) \$ \$3,762.07

(23.) \$

**INCIDENTAL EXPENSE DISBURSEMENTS**  
(Officeholders Only)

**10. Disbursements**

a. Itemized (Schedule 1C, Column 6)

(10a.) \$ \$0.00

b. Unitemized (less than \$50.01 each - no Schedule)

(10b.) \$ \$0.00

11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS  
(Add Line 10a + Line 10b)

(11.) \$ \$0.00

(24.) \$ \$0.00

**DEBTS AND OBLIGATIONS**

**12. Debts and Obligations**

a. Owed by the Committee (Schedule 1E)

(12a.) \$ \$0.00

b. Owed to the Committee (Schedule 1E)

(12b.) \$

**BALANCE STATEMENT**

13. Ending Balance of last report filed  
(Enter zero if no previous reports have been filed.)

(13.) \$ \$0.00

14. Amount received during reporting period  
(Line 5, Total Contributions & Other Receipts)

(14.) + \$ \$3,888.00

15. SUBTOTAL Add lines 13 and 14

(15.) = \$ \$3,888.00

16. Amount expended during reporting period  
(Add lines 9 and 11)

(16.) - \$ \$3,762.07

17. ENDING BALANCE

(17.) \$ \$125.93

(Subtract line 16 from line 15)



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 2015010173

2. Committee Name Committee to Elect Brian Booker Sh

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 7/24/2015

Name & Address:

Hall, David  
2205 Montgomery Street  
Saginaw, MI

\$ 100.00

\$ 100.00

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 7/28/2015

Name & Address:

Lawrence-Webster, Karen  
219 Superior  
Saginaw, MI 48602

\$ 15.00

\$ 15.00

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 7/30/2015

Name & Address:

Hayes, Frances  
2 Salem Court  
Saginaw, MI 48601

\$ 30.00

\$ 30.00

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 #4

PAC Receipt? ☐ YES

4. Date of Receipt 7/30/2015

Name & Address:

Opperman, David  
3401 Peale Drive  
Saginaw, MI 48602

\$ 15.00

\$ 15.00

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 160.00

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 2015010173

2. Committee Name Committee to Elect Brian Booker Shirley

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 7/30/2015

Name & Address:

Hinton, Dawn  
135 Reynick Avenue  
Saginaw, MI 48602

\$ 15.00

\$ 15.00

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 7/30/2015

Name & Address:

Ogg, Allan  
5180 McCarty Road  
Saginaw MI 48603

\$ 65.00

\$ 65.00

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 7/30/2015

Name & Address:

Booker, Shirley  
5630 Brockway  
Saginaw, MI 48638

\$ 15.00

\$ 15.00

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 #4

PAC Receipt? ☐ YES

4. Date of Receipt 7/30/2015

Name & Address:

Wells, Lawrence  
2800 Germain Drive  
Saginaw, MI 48601

\$ 20.00

\$ 20.00

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

Page Subtotal **115.00**

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 2015010173

2. Committee Name Committee to Elect Brian Booker Sh

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 7/30/2015

Name & Address:

Tatum, Willomena  
3475 Hermansaw Drive  
Saginaw MI 48603

\$ 10.00

\$ 10.00

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 7/30/2015

Name & Address:

Jackson, JoeAnn  
3126 Livingston  
Saginaw MI 48601

\$ 20.00

\$ 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 #3 PAC Receipt? ☐ YES

4. Date of Receipt 7/30/2015

Name & Address:

Booker, Brian  
4405 Stone Creek Court  
Saginaw, MI 48603

\$ 347.00

\$ 347.00

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 #4 PAC Receipt? ☐ YES

4. Date of Receipt 7/30/2015

Name & Address:

Coleman, Hurley  
1587 Delta Drive  
Saginaw MI 48638

\$ 100.00

\$ 100.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

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

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Page Subtotal 477.00

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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 2015010173

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6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES

4. Date of Receipt 8/6/2015

Name & Address:

Lawrence-Webster, Karen  
219 Superior  
Saginaw MI 48602

\$ 25.00

\$ 40.00

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 8/6/2015

Name & Address:

Reynolds, Yolonda  
2006 Sharp St  
Saginaw MI 48602

\$ 25.00

\$ 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 8/6/2015

Name & Address:

Tafel, Cathy  
6701 Hart Rd  
Saginaw MI 48609

\$ 50.00

\$ 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 #4 PAC Receipt? ☐ YES

4. Date of Receipt 7/30/2015

Name & Address:

Hewitt, William  
48100 Colony Farm Circle  
Plymouth MI 48170

\$ 20.00

\$ 20.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

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

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Page Subtotal 120.00

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

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES

4. Date of Receipt 8/6/2015

Name & Address:

Beverly, Richard

3630 Weiss St  
Saginaw, MI 48608

\$ 15.00

\$ 15.00

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 8/6/2015

Name & Address:

Simon, Tawanya

909 Oak Street  
Saginaw MI 48602

\$ 25.00

\$ 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 8/6/2015

Name & Address:

Turner, Diane

104 Woodward Drive  
Saginaw, MI 48601

\$ 6.00

\$ 6.00

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 #4 PAC Receipt? ☐ YES

4. Date of Receipt 7/30/2015

Name & Address:

Jordan, Carla

545 S. Outer Drive  
Saginaw MI 48601

\$ 25.00

\$ 25.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution:

☒ Direct

☐ Loan from a person

☒ Fund Raiser

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Page Subtotal

71.00

Grand Total of All Schedules 1A  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES

4. Date of Receipt 8/6/2015

Name & Address:

Johnson, Freddie  
3824 Chipping Norton Ct.  
Saginaw MI 48603

\$ 70.00

\$ 70.00

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 8/6/2015

Name & Address:

Dale, Lorman  
7258 Belle Meade St.  
Ypsilanti MI 48197

\$ 60.00

\$ 60.00

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 8/6/2015

Name & Address:

Webb, Cecilia  
3216 Walters Drive  
Saginaw, MI 48601

\$ 25.00

\$ 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 #4 PAC Receipt? ☐ YES

4. Date of Receipt 7/30/2015

Name & Address:

Dillard, Christine  
3135 Tausend St  
Saginaw MI 48601

\$ 50.00

\$ 50.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

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

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Page Subtotal

205.00

Grand Total of All Schedules 1A  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES

4. Date of Receipt 8/6/2015

Name & Address:

Patterson, Maurice  
4216 Parsons Walk  
Saginaw MI 48603

\$ 20.00

\$ 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 8/22/2015

Name & Address

Balls, Michael  
20 Delray Street  
Saginaw, MI 48601

\$ 100.00

\$ 100.00

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 8/22/2015

Name & Address:

Tibbs, Demond  
2217 Court Street  
Saginaw, MI 48602

\$ 25.00

\$ 25.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

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

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3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 8/22/2015

Name & Address

Gaddis, James  
2701 E. Martin Luther King Drive  
Saginaw MI 48601

\$ 25.00

\$ 25.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

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

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Page Subtotal 170.00

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

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

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6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution # 1

PAC Receipt? ☐ YES

4. Date of Receipt 8/25/2015

Name & Address:

Zackie, Carrie Jackson  
1807 Ottawa  
Saginaw MI 48602

\$ 50.00

\$ 50.00

5. If over \$400.00 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 8/25/2015

Name & Address

Flournoy, Athen  
5863 Dewhirst Drive  
Saginaw MI 48638

\$ 25.00

\$ 25.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 3

PAC Receipt? ☐ YES

4. Date of Receipt 8/22/215

Name & Address:

Cabine, Melissa  
3883 Ballentrac Drive  
Saginaw MI 48603

\$ 100.00

\$ 100.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 4

PAC Receipt? ☐ YES

4. Date of Receipt 8/25/2015

Name & Address

Vinson, Brenda  
2803 Adams Blvd  
Saginaw MI 48602

\$ 100.00

\$ 100.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct

☐ Loan from a person

☐ Fund Raiser

Page Subtotal 275.00

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

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line 3a of Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

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6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution #1

PAC Receipt? ☐ YES

4. Date of Receipt 8/27/2015

Name & Address:

Howell, Russell

1 E. Hannum Blvd

Saginaw MI 48602

\$ 50.00

\$ 50.00

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 8/27/2015

Name & Address

Foxx, Juanita

3200 Murray Hill Drive

Saginaw MI 48601

\$ 25.00

\$ 25.00

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 8/22/2015

Name & Address:

Lawrence, Glendorah

2755 Clairmount Drive

Saginaw MI 48603

\$ 25.00

\$ 25.00

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

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution #4

PAC Receipt? ☐ YES

4. Date of Receipt 8/25/2015

Name & Address

Manning, Beatrice

2619 Martin Luther King Blvd E

Saginaw, MI 48601

\$ 50.00

\$ 50.00

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

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

Type of Contribution: ☒ Direct

☐ Loan from a person

☐ Fund Raiser

Page Subtotal

150.00

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

Enter this total on  
line 3a of Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

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6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution #1

PAC Receipt?

☐ YES

4. Date of Receipt 8/27/2015

Name & Address:

Williams Bettis, Ceylon

1100 Treanor  
Saginaw MI 48601

\$ 25.00

\$ 25.00

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 8/27/2015

Name & Address

Platko, Gloria

2374 S. Outer Drive  
Saginaw, MI 48601

\$ 50.00

\$ 50.00

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 8/22/215

Name & Address:

Lawrence, Pauline

3486 Linger Lane  
Saginaw, MI 48601

\$ 25.00

\$ 25.00

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 #4

PAC Receipt?

☐ YES

4. Date of Receipt 8/25/2015

Name & Address

Houston-Philpot, Kimberly

4706 Blossom Circle  
Midland MI 48642

\$ 25.00

\$ 25.00

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

Page Subtotal

125.00

Grand Total of All Schedules 1A  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A

CANDIDATE COMMITTEE

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6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution # 1

PAC Receipt? ☐ YES

4. Date of Receipt 9/5/2015

Name & Address:

Daniel, Desmon  
3147 Setting Sun Blvd  
Saginaw, MI 48603

\$ 50.00

\$ 50.00

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 9/5/2015

Name & Address

Mosher, Michael  
300 S. Henry Street  
Bay City, MI 48706

\$ 20.00

\$ 20.00

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 8/22/2015

Name & Address:

Turner, John  
33 Ardmore Lane  
Saginaw MI 48602

\$ 150.00

\$ 150.00

5. If over \$400.00 cumulative, please provide:

Occupation Retired

Employer Urban League

[Click Here for Memo Itemization](#)

Business Address N/A

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution #4

PAC Receipt? ☐ YES

4. Date of Receipt 8/25/2015

Name & Address

Ruth, Carl  
1432 Cedar Street  
Saginaw, MI 48601

\$ 100.00

\$ 100.00

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

Occupation

Employer

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Business Address

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

Page Subtotal 320.00

Grand Total of All Schedules 1A  
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MICHIGAN DEPARTMENT OF STATE  
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ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

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6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES

4. Date of Receipt 9/25/2015

Name & Address:

Jenkins, Marvin  
923 Canterbury Drive  
Saginaw, MI 48638

\$ 50.00

\$ 50.00

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 9/25/2015

Name & Address

Booker, Brian  
4465 Stone Creek Court  
Saginaw, MI 48603

\$ 150.00

\$ 497.00

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 8/22/2015

Name & Address:

Turpin, Roger and Karen  
3318 Gretchen St  
Saginaw, MI 48601

\$ 100.00

\$ 100.00

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 #4

PAC Receipt? ☐ YES

4. Date of Receipt 8/25/2015

Name & Address

Holoman, Linda  
5812 Inverness Circle  
Midland, MI 48642

\$ 25.00

\$ 25.00

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

Occupation

Employer

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Business Address

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

Page Subtotal

325.00

Grand Total of All Schedules 1A  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
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CANDIDATE COMMITTEE

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6. Amount

7. Cumulative for  
Election Cycle for Each  
Contributor (Through  
date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES

4. Date of Receipt 10/6/2015

Name & Address:

Lawrence-Webster, Karen

219 Superior  
Saginaw MI 48602

\$ 50.00

\$ 90.00

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

Occupation Financial Ad Employer AXA Advisors

[Click Here for Memo Itemization](#)

Business Address 4800 Fashion Square Blvd Ste 220 Saginaw MI

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

48602

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 10/6/2015

Name & Address:

Patterson, Rudy

1823 Handley  
Saginaw, MI 48602

\$ 100.00

\$ 100.00

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 10/20/2015

Name & Address:

Tivis, Tierra

5191 Gatesboro Dr. S  
Saginaw, MI 48603

\$ 50.00

\$ 50.00

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 #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 200.00

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 2015010173

2. Committee Name Committee to Elect Brian Booker Sh

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 8/6/2015

Name & Address:

Ogg, Trisha

5180 McCarty Rd  
Saginaw MI 48603

\$ 465.00

\$ \_\_\_\_\_

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 9/16/2015

Name & Address

Ogg, Trisha

\$ 620.00

\$ 1085

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 9/29/2015

Name & Address:

Ogg, Trisha

\$ 90.00

\$ 1175

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 1,175.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) 3,888.00

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED OTHER RECEIPTS  
SCHEDULE 1A-1

CANDIDATE COMMITTEE

1. Committee I.D. Number 20150101736

2. Committee Name Committee to Elect Brian Booker Sh

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	<input type="checkbox"/> Fund Raiser		
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	<input type="checkbox"/> Fund Raiser		
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	<input type="checkbox"/> Fund Raiser		
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	<input type="checkbox"/> Fund Raiser		
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	<input type="checkbox"/> Fund Raiser		
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	<input type="checkbox"/> Fund Raiser		
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	<input type="checkbox"/> Fund Raiser		
Page Subtotal			0
Grand Total of All Schedules 1A-1 (Complete on last page of Schedule)			0



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number

20150101736

CANDIDATE COMMITTEE

2. Committee Name

Committee to Elect Brian Booker Sheriff

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 all 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  
Name & Address:

PAC Receipt? ☐ Yes

4. ☐ Endorsement or Guarantee of Bank Loan

☒ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description Tent for Announcement

5. Date Of Receipt:

7/28/2015

6. Vendor Name & Address:

Joiner  
4020 N. Wayside Dr  
Saginaw MI 48603

Click Here for Memo Itemization

☐ Fund Raiser Contribution

Contribution #2  
Name & Address:

PAC Receipt? ☐ Yes

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description Tent for Announcement

5. Date Of Receipt:

7/28/2015

6. Vendor Name & Address:

Joiner  
4020 N Wayside Dr  
Saginaw, MI 48603

Click Here for Memo Itemization

☐ Fund Raiser Contribution

Contribution #3  
Name & Address:

PAC Receipt? ☐ Yes

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☒ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description 8 tickets for Union Civica banquet

5. Date Of Receipt:

6. Vendor Name & Address:

Click Here for Memo Itemization

Hibbard, Terri

If over \$100.00 cumulative, please provide:

Occupation:

Employer Name & Address:

State of Michigan  
Saginaw, Michigan

☐ Fund Raiser Contribution

Page Subtotal

400.00

400.00

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

Enter this total  
on line 6 of Summary  
Page

Exhibit Page 18



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number

201 5010736

2. Committee Name

Committee to Elect Brian Booker Sheriff

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 all 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  
Name & Address:

PAC Receipt? ☐ Yes

4. ☐ Endorsement or Guarantee of Bank Loan

☒ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description Candy for parade

5. Date Of Receipt: 9/1/2015

6. Vendor Name & Address:

Click Here for Memo Itemization

\$ 59.36

\$ 259.36

Hibbard, Terri  
7740 Bell Road  
Birch Run, MI 48415  
If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name & Business Address:

☐ Fund Raiser Contribution

Contribution #2  
Name & Address:

PAC Receipt? ☐ Yes

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☒ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description Democrat party banquet ticket

5. Date Of Receipt: 9/1/2015

6. Vendor Name & Address:

Click Here for Memo Itemization

\$ 45.00

\$ 130.-  
\$ 45.00

Ogg, Allan  
5182 McCarty Rd  
Saginaw MI 48603  
If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name & Address: Retired

☐ Fund Raiser Contribution

Contribution #3  
Name & Address:

PAC Receipt? ☐ Yes

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☒ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description 8 tickets for Union Civic banquet

5. Date Of Receipt: 9/1/2015

6. Vendor Name & Address:

Click Here for Memo Itemization

\$ 42.62

\$ 172.62  
\$ 87.62

Ogg, Allan  
5182 McCarty Rd  
Saginaw MI 48603  
If over \$100.00 cumulative, please provide:  
Occupation:

Employer Name & Address: Retired

State of Michigan  
Saginaw, Michigan

☐ Fund Raiser Contribution

Page Subtotal

146.98

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

Enter this total  
on line 6 of Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number \_\_\_\_\_

CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Brian Booker Sheriff

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 all 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? ☐ Yes

Name & Address:

Lawrence-Webster, Karen  
219 Superior  
Saginaw MI 48604

If over \$100.00 cumulative, please provide:

Occupation: Financial Advisor

Employer Name & Business Address:

AXA Advisors  
4800 Tashum Square Blvd  
Saginaw MI 48604

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☒ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description Thank you Notes

5. Date Of Receipt: 8/1/2015

6. Vendor Name & Address:

\$ 15.00

105  
\$ 15.00

Click Here for Memo Itemization

☐ Fund Raiser Contribution

Contribution # 2 PAC Receipt? ☐ Yes

Name & Address:

Hibbard, Terri  
7740 Bell Road  
Birch Run, MI 48415

If over \$100.00 cumulative, please provide:

Employer Name & Address:

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☒ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description PRIDE parade entry fee

5. Date Of Receipt: 10/1/2015

6. Vendor Name & Address:

\$ 30.00

\$ 289.36

Click Here for Memo Itemization

☐ Fund Raiser Contribution

Contribution #3 PAC Receipt? ☐ Yes

Name & Address:

If over \$100.00 cumulative, please provide:

Occupation:

Employer Name & Address:

State of Michigan  
Saginaw, Michigan

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☐ 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 45.00

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule) 591.98

Enter this total  
on line 6 of Summary  
Page

Exhibit Page 20



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED IN-KIND EXPENDITURES

SCHEDULE 1B - IK  
CANDIDATE COMMITTEE

1. Committee I. D. Number 20150101736

2. Committee Name Committee to Elect Brian Booker Sheriff

3. Name and Address of person to whom goods or services were donated or transferred.	4. Type of In-Kind Expenditure (Check appropriate box and fill in description)	5. Date:	6. Fair Market Value
Expenditure #1 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable Institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	Date \$	
Expenditure #2 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable Institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	Date \$	
Expenditure #3 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable Institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	Date \$	
Expenditure #4 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable Institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	Date \$	
Expenditure #5 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable Institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description:	Date \$	

Page Subtotal 0

Grand Total of all Schedules 1B-1K  
(Complete on last page of Schedule) 0

Enter this total  
on line 7 of  
the Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES

SCHEDULE 1 B - G

1. Committee I.D. Number 20150110736

CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Brian F

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The-Vote activity in Item 4f.  
ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED

3. Name and address of person or vendor to whom the expenditure was made	4. Type of Activity	5. Date	6. Amount
<b>Expenditure #1</b> Name & Address:	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify):  For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	_____ Date	\$ _____
<b>Expenditure #2</b> Name & Address:	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify):  For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	_____ Date	\$ _____
<b>Expenditure #3</b> Name & Address:	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls b. <input type="checkbox"/> Slate Cards c. <input type="checkbox"/> Challengers d. <input type="checkbox"/> Poll Watchers e. <input type="checkbox"/> Poll Workers f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify):  For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	_____ Date	\$ _____

Subtotal this page 0

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

0

Enter total  
on Line 8b  
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 20150101736

2. Committee Name Committee to Elect Brian Booker

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
Disbursement # 1 Name & Address:	Purpose _____ Date _____ \$ _____ Click for Memo Itemization Type		
<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		
Disbursement # 2 Name & Address:	Purpose _____ Date _____ \$ _____ Click for Memo Itemization Type		
<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		
Disbursement # 3 Name & Address:	Purpose _____ Date _____ \$ _____ Click for Memo Itemization Type		
<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		
Disbursement # 4 Name & Address:	Purpose _____ Date _____ \$ _____ Click for Memo Itemization Type		
<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		
Subtotal this page			0
Grand Total of all Schedules 1C (Complete on last page of Schedule)			0

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

1. Committee I.D. Number 20150101736

SCHEDULE 1E

CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Brian D. Booker

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  
Owed to or by: Corp? ☐ Yes

4. Type: \_\_\_\_\_

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: Corp? ☐ Yes

4. Type: \_\_\_\_\_

5. Date Debt Was Incurred: \_\_\_\_\_

6. Original Amount of Debt: \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

☐ FORGIVEN

If bank loan, name of endorser or guarantor: \_\_\_\_\_

Amount Endorsed: \$ \_\_\_\_\_

Debt #3  
Owed to or by: Corp? ☐ Yes

4. Type: \_\_\_\_\_

5. Date Debt Was Incurred: \_\_\_\_\_

6. Original Amount of Debt: \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

☐ FORGIVEN

If bank loan, name of endorser or guarantor: \_\_\_\_\_

Amount Endorsed: \$ \_\_\_\_\_

Page Subtotal (Outstanding debt)

0

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

0

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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE

1. Committee I.D. Number 20150101736  
2. Committee Name Committee to Elect Brian Booker Sheriff

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>08/27/15</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>25</u>	5. Type of Fund Raising Activity <u>Meet and Greet</u>	6. Address and Name (If any) of the place where the activity was held. <u>219 Superior</u> <input checked="" type="checkbox"/> Private Residence
---	---	---	---

7. Total Contributions \$350.00  
8. Other Receipts \$0.00  
9. Gross Receipts (Add lines 7 and 8) \$350.00  
10. Total Cost of Event \$250.00  
(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.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE

1. Committee I.D. Number 20150101736

2. Committee Name Committee to Elect Brian Booker Sheriff

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held  <u>08/27/15</u>	4. Number of Individuals Attending or Participating (whichever is greater)  <u>50</u>	5. Type of Fund Raising Activity  <u>Meet and Greet</u>	6. Address and Name (If any) of the place where the activity was held.  <u>Borchard Park</u>  <input type="checkbox"/> Private Residence
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7. Total Contributions \$220.00

8. Other Receipts \$0.00

9. Gross Receipts (Add lines 7 and 8) \$220.00

10. Total Cost of Event \$200.00  
(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.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE

1. Committee I.D. Number 20150101736  
2. Committee Name Committee to Elect Brian Booker Sheriff

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>07/01/15</u> <u>8/1/2015</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>na</u>	5. Type of Fund Raising Activity <u>T-Shirts</u>	6. Address and Name (if any) of the place where the activity was held. <u>NA</u> <input type="checkbox"/> Private Residence
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7. Total Contributions \$1,175.00  
8. Other Receipts \$0.00  
9. Gross Receipts (Add lines 7 and 8) \$1,175.00  
10. Total Cost of Event \$1,127.84  
(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.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 20150101736

2. Committee Name Committee to Elect Brian Booker Sheriff

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<b>Expenditure #1</b> Name <u>Lawrence-Webster, Karen</u> Address <u>219 Superior</u> <u>Saginaw, Michigan</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>T-Shirts</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/1/2011</u> Date	<u>\$ 584.00</u> <a href="#">Click Here for Memo Itemization Type</a>
<b>Expenditure #2</b> Name <u>Sandlot Sports</u> Address <u>9790 Gratiot</u> <u>Saginaw, Michigan</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>T-Shirts</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/7/2011</u> Date	<u>\$ 508.80</u> <a href="#">Click Here for Memo Itemization Type</a>
<b>Expenditure #3</b> Name <u>Saturday Travlers</u> Address <u>1080 River Forest Drive</u> <u>Saginaw, Michigan</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertisement</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/10/2011</u> Date	<u>\$ 125.00</u> <a href="#">Click Here for Memo Itemization Type</a>
<b>Expenditure #4</b> Name <u>U. S. Postmaster</u> Address <u>Saginaw, Michigan</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/10/2011</u> Date	<u>\$ 98.00</u> <a href="#">Click Here for Memo Itemization Type</a>
<b>Expenditure #5</b> Name <u>Lawrence-Webster, Karen</u> Address  <input type="checkbox"/> Fund Raiser	Purpose: <u>Printed Materials</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/10/2011</u> Date	<u>\$ 30.00</u> <a href="#">Click Here for Memo Itemization Type</a>

Subtotal this page 1,345.80

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

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 20150101736

2. Committee Name Committee to Elect Brian Booker Sheriff

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>NAACP</u> Address <u>Saginaw, Michigan</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertisement</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/31/2014</u> Date	\$ <u>200.00</u> <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #2 Name <u>US Postmaster</u> Address <u>Saginaw, Michigan</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>P. O. Box rental</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/31/2014</u> Date	\$ <u>33.00</u> <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #3 Name <u>Sandlot Sports</u> Address <u>Saginaw, Michigan</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>T-Shirts</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/5/2014</u> Date	\$ <u>265.00</u> <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #4 Name <u>Lawrence-Webster, Karen</u> Address <u>219 Superior</u> <u>Saginaw, Michigan</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Signs/Business Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/6/2014</u> Date	\$ <u>334.83</u> <a href="#">Click Here for Memo Itemization Type</a>
Expenditure #5 Name <u>Sandlot Sports</u> Address <u>Saginaw, Michigan</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>T-Shirts</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/16/2014</u> Date	\$ <u>619.04</u> <a href="#">Click Here for Memo Itemization Type</a>
Subtotal this page			<u>1,451.87</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 20150101736

2. Committee Name Committee to Elect Brian Booker Sheriff

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<b>Expenditure #1</b> Name <u>Saginaw County Democratic Party</u> Address <u>Saginaw, Michigan</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertisement</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/30/2011</u> Date	<u>\$ 50.00</u>
<b>Expenditure #2</b> Name <u>Diamond Harris</u> Address <u>Saginaw, Michigan</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Marketing Services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/30/2011</u> Date	<u>\$ 325.00</u>
<b>Expenditure #3</b> Name <u>Staples</u> Address <u>Saginaw, Michigan</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Car Magnets</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/30/2011</u> Date	<u>\$ 113.88</u>
<b>Expenditure #4</b> Name <u>Saginaw County Democratic Party</u> Address <u>Saginaw, Michigan</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertisement</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/6/2011</u> Date	<u>\$ 100.00</u>
<b>Expenditure #5</b> Name <u>Copy Quick</u> Address <u>Saginaw, Michigan</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printed Material</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/6/2011</u> Date	<u>\$ 15.00</u>

Subtotal this page **603.88**

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

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 20150101736

2. Committee Name Committee to Elect Brian Booker Sheriff

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Walmart</u> Address <u>Saginaw, Michigan</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/30/20</u> Date	<u>\$ 6.12</u>
Expenditure #2 Name <u>Diamond Harris</u> Address <u>Saginaw, Michigan</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Marketing Services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/22/20</u> Date	<u>\$ 325.00</u>
Expenditure #3 Name <u>US Postmaster</u> Address <u>Saginaw, Michigan</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/20</u> Date	<u>\$ 29.40</u>
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 360.52

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

3762.07

Enter this total  
on line 8a of  
Summary Page



STATE OF MICHIGAN  
RUTH JOHNSON, SECRETARY OF STATE  
DEPARTMENT OF STATE  
LANSING

August 26, 2016

Brian D. Booker  
4465 Stone Creek Court  
Saginaw, Michigan 48603

Dear Mr. Booker:

The Department of State (Department) has completed its investigation of the complaint filed against you by Joseph Tomczyk, which alleged certain violations of the Michigan Campaign Finance Act (MCFA or Act), 1976 PA 388, MCL 169.201 *et seq.* This letter concerns the disposition of Mr. Tomczyk's complaint.

Mr. Tomczyk filed his complaint on May 9, 2016. You filed a written response on June 1, 2016, and Mr. Tomczyk did not file a rebuttal statement with the Department.

The Act requires candidates to file periodic campaign finance statements and reports. MCL 169.233. The failure to file a single campaign statement may trigger late filing fees. MCL 169.233(7).

The MCFA also requires filed campaign finance statements and reports to be complete and accurate. MCL 169.233. A candidate who knowingly files an incomplete or inaccurate statement or report may be subject to a civil fine of up to \$1,000.00. MCL 169.233(10). A candidate who knowingly omits or underreports a contribution or expenditure may be subject to a civil fine of up to \$1,000.00, or the amount of the undisclosed contribution or expenditure, whichever is greater. MCL 169.233(11).

Finally, the Act requires the Department to "endeavor to correct the violation or prevent a further violation by using informal methods [.]" if it finds that there may be reason to believe that a violation has occurred, and if the Department is unable to correct or prevent additional violations, it must ask the Attorney General to prosecute if a crime has been committed. MCL 169.215(10)(a). The objective of an informal resolution is "to correct the violation or prevent a further violation [.]" *Id.*

Mr. Tomczyk alleged that on your 2015 October campaign finance statement you failed to list contributors' addresses; failed to list cumulative contributions for Trisha Ogg, Allen Ogg, and Karen Lawrence-Webster; failed to list dates of receipt, contributors' addresses, and vendors names and address for in-kind contributions; and failed to list the occupations and employer names and addresses for Allen Ogg and Karen Lawrence-Webster. Mr. Tomczyk further alleged that you reported holding a fund-raiser on July 1, 2015, which triggered the need for your committee to file a 2015 July campaign finance statement, which you failed to file.

In your response you indicated that these omissions were oversights, and you provided an amended 2015 October campaign statement to the Department. This amended report appears to contain all of the required information.

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Additionally, you amended the report to reflect that the fundraiser originally reported with a July 1, 2015 date actually occurred on August 1, 2015. This August date appears plausible based on the dates reported for some of your contributions or expenditures. ~~In particular, you have stated~~ that this fundraiser involved t-shirts and your original filing reported an expenditure for those shirts on August 1, 2015. Because no evidence has been provided to the Department to the contrary, the Department takes you at your word that this fundraiser actually occurred on August 1, 2015.

Based on your amended report, it appears that your committee made its first contribution or expenditure on July 24, 2015. The closing date for the 2015 July campaign finance statement was July 20, 2015. Because the committee's first contribution or expenditure occurred after that date, you did not owe the 2015 July campaign finance statement. Therefore, this portion of Mr. Tomczyk's complaint is dismissed.

The evidence does support a reason to believe that your original 2015 October campaign statement was incomplete. However, when the omissions of addresses, employers, vendors, dates, and cumulative amounts were brought to your attention, an amended campaign statement addressing these omissions was promptly provided to the Department.

Because these alleged violations were quickly corrected, in accordance with the Department's authority to informally resolve complaints through corrective action, MCL 169.215(10), the Department now issues this warning letter.

The Department is advising you that section 33 requires you to timely file complete and accurate campaign finance statements and reports which disclose all contributions and expenditures made during the reporting period. Please be advised that this notice has served to remind you of your obligation under the Act to file complete and accurate statements, and may be used in future proceedings as evidence that tends to establish a knowing violation of the Act. A candidate who knowingly files an incomplete or inaccurate statement or knowingly omits or underreports a contribution or expenditure may be subject to civil fines of up to \$1,000.00 or the amount of the undisclosed contribution or expenditure, whichever is greater. MCL 169.233(10), (11).

The Department further notes that it is not the proper filing official for your 2015 Amended October statement. The Department contacted the Saginaw County Clerk who confirmed that this statement had not, as of this writing, been filed with her office.<sup>1</sup> The Department directs you to file your amended statement with the Saginaw County Clerk and to provide the Department with a date-stamped copy or some other receipt from the County Clerk's office which provides evidence of the filing. Once you have filed your amended statement with the County Clerk and provided this evidence, the Department will consider this matter closed.

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<sup>1</sup> The Saginaw County Clerk is the proper filing official for a candidate for an office voted on wholly within Saginaw County. MCL 169.236(6).

Brian D. Booker  
August 26, 2016  
Page 3

Finally, the Department is aware that you were not successful in the primary election and suggests that you may want to take the steps necessary to dissolve your committee if you have not already done so to avoid needing to file any further required statements.

Sincerely,

A handwritten signature in black ink that reads "Lori A. Bourbonais". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Lori A. Bourbonais  
Bureau of Elections  
Michigan Department of State

c: Joseph J. Tomczyk