

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

May 16, 2016

Robert X. Karl 5566 Baker Road Bridgeport, Michigan 48722

Dear Mr. Karl:

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 prohibits a single expenditure from a petty cash fund greater than \$50.00. A person who violates this section is subject to a civil fine of 3 times the amount by which the expenditure exceeds \$50.00, up to \$1,000.00. MCL 169.223.

The Act 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).

Mr. Tomczyk alleges that you have reported multiple expenditures charged to petty cash exceeding \$50.00, and that you have filed incomplete or inaccurate reports.

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, 1st 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

Robert X. Karl 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, Chon'A Bankmar

Lori A. Bourbonais Bureau of Elections

Michigan Department of State

c: Joseph J. Tomczyk

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.

Section 1. Complainant			
Your Name Joseph J. Tomczyk		Daytime Telephone Number 517-230-6866	
Mailing Address PO Box 113			
St. Johns	State MI	48879	
Section 2. Alleged Violator			
Robert X. Karl			
Mailing Address 5566 Baker Rd.			
City Bridgeport	State MI	48722	
Section 3. Alleged Violations (Use additional	sheet if more space	is needed.)	
Section(s) of the MCFA violated: Section 26(2) [MC	CL 169.226(2)]		
Explain how those sections were violated:			
Summary Page: Column II (Cumulative	e this election	cycle) is blank.	
Evidence that supports those allegations (attach copies of pertine See Attached Exhibit, Exhibit Pages 2	ent documents and other i	nformation)	
	0.00	<u> </u>	

Reset Form

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Please print or type all information.

Section 1. Complainant		
Your Name Joseph J. Tomczyk		Daytime Telephone Number 517-230-6866
Mailing Address PO Box 113		
St. Johns	State	^{Zip} 48879
Section 2. Alleged Violator		
Robert X. Karl		
Mailing Address 5566 Baker Rd.		127 — (W) = 12 - 32
City Bridgeport	State	48722
Section 3. Alleged Violations (Use addition	al sheet if more space	is needed.)
Section(s) of the MCFA violated: Section 26(1)(c)		
Explain how those sections were violated: Summary Page: The ending balance is	reported as \$3,2	62.60. The Candidate included
a copy of the Committee's check regis	ster with the rep	ort showing a balance as of
October 20,2015 of \$4,041.10 (different	ence \$778.50)	
Evidence that supports those allegations (attach copies of pertinuate pertinuation) See Attached Exhibit, Exhibit Pages 2		nformation):
		- 30 3
	· · · · · · · · · · · · · · · · · · ·	

Reset Form

Michigan Department of State Campaign Finance Complaint 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.

Section 1. Complainant

Your Name Joseph J. Tomczyk	J. (1980-11) We go	Daytime Telephone Number 517-230-6866	
Mailing Address PO Box 113			
St. Johns	State MI	Zip 48879	
Section 2. Alleged Violator			
Name Robert X. Karl			
Mailing Address 5566 Baker Rd.			
City Bridgeport	State MI	^{Zip} 48722	
Section 3. Alleged Violations (Use additional sheet	tifimore space is	s needed.)	
Section(s) of the MCFA violated: Section 26(1)(b) [MC	L 169.226(1)(b)]	
Explain how those sections were violated: Summary Page: The total receipts reported	ed is \$4 900	60 The Candidate included	
a copy of the Committee's check register v			
between 7/21/2015 and 10/20/2015 of \$5,	597.00 (diffe	erence \$697.00).	
Evidence that supports those allegations (attach copies of pertinent doc See Attached Exhibit, Exhibit Pages 2, 43-		ormation):	
	_		

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.

Section 1. Complainant		此有特定的政策,其外创建的国家经济
Your Name Joseph J. Tomczyk		Daytime Telephone Number 517-230-6866
Mailing Address PO Box 113		
City	State	Zip
St. Johns	MI	48879
Section 2. Alleged Violator		
Name Robert X. Karl		
Mailing Address 5566 Baker Rd.		
Bridgeport	State MI	48722
Section 3. Alleged Violations (Use additional sheet	et if more space	is needed.)
Section(s) of the MCFA violated: Section 26(1)(b) [MC	L 169.226(1)(b)]
Explain how those sections were violated:		
Summary Page: The total expenditures repo	orted is \$3,4	64.03. The Candidate included
a copy of the Committee's check register v	with the rep	ort showing checks/debits
incurred between 7/21/2015 & 10/20/2015	of \$3,278.	33 (difference \$185.70).
Evidence that supports those allegations (attach copies of pertinent doc See Attached Exhibit, Exhibit Pages 2, 43-		nformation):
		<u> </u>
		A 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

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.

Section 1. Complainant

Joseph J. Tomczyk		Daytime Telephone Number 517-230-6866	
Mailing Address PO Box 113			
St. Johns	State MI	Zip 48879	
Section 2, Alleged Violator			
Name Robert X. Karl			
Mailing Address 5566 Baker Rd.	838888		
City Bridgeport	State MI	^{Zip} 48722	
Section 3. Alleged Violations (Use addition	al sheet if more space.	is needed.)	
Section(s) of the MCFA violated: Section 26(1)(e) Explain how those sections were violated: Itemized Contributions Sch. 1A: There	<u>. </u>	<u></u>	
contributions listed. One hundred and	d thirty (133) do	not have a received	
date.			
Evidence that supports those allegations (attach copies of pertinual per		nformation):	
	- 781		

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.

Section 1. Complainant		
Joseph J. Tomczyk		Daytime Telephone Number 517-230-6866
Mailing Address PO Box 113	7 30 30 30 30 30 30 30 30 30 30 30 30 30	
St. Johns	State	^{Zip} 48879
Section 2. Alleged Violator		
Robert X. Karl		
Mailing Address 5566 Baker Rd.		-3
City Bridgeport	State MI	^{Zip} 48722
Section 3. Alleged Violations (Use additional shee	tiff more snace	is needed.)
Section(s) of the MCFA violated: Section 26(1)(e) [MC		
Explain bow those sections were violated: Itemized Contributions Sch. 1A: There are o	one hundred	and thirty-four (134) individua
contributions listed. None of them accumulate campaign	cycle contributio	ns. Analysis of 7/20/2015 & 10/20/2015
Campaign Reports show at least one person (Pat O'Bria	an) making a co	ntribution in each of the report periods.
Evidence that supports those allegations (attach copies of pertinent do See Attached Exhibit, Exhibit Pages 3-36	cuments and other in	nformation):

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.

Section 1. Complainant	Life placement	
Your Name Joseph J. Tomczyk		Daytime Telephone Number 517-230-6866
Mailing Address PO Box 113		
City	State	Zip
St. Johns	MI	48879
Section 2. Alleged Violator		
Robert X. Karl		
Mailing Address 5566 Baker Rd.		
Bridgeport	State MI	^{Zip} 48722
Section 3. Alleged Violations (Use addition	onal sheelif more space	is needed.)
0 4 () 44 25001 11 ()) [MCL 169.226(
Explain how those sections were violated: Itemized Expenditures Sch. 1B: The	re are twenty-sev	ven (27) expenditures listed.
None of them have a street address	•	
9"		
Evidence that supports those allegations (attach copies of persons) See Attached Exhibit, Exhibit Pages		information):
		2 2/34

Reset Form

Michigan Department of State Campaign Finance Complaint 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.

Section 1. Complainant		
Your Name Joseph J. Tomczyk		Daytime Telephone Number 517-230-6866
Mailing Address PO Box 113		
City	State	Zip
St. Johns	MI	48879
Section 2. Alleged Violator		ne man elementore en la levi
Name Robert X. Karl		
Mailing Address 5566 Baker Rd.		
City Bridgeport	State MI	^{Zip} 48722
Section 3. Alleged Violations (Use additional shee	er if more space	is needed.)
Section(s) of the MCFA violated: Section 33(1)(c) [MC		
Explain how those sections were violated:		
Itemized Expenditures Sch. 1B: Expenditure	re to Fed E	x is dated 7/14/15. The check
register enclosed with the report show a da	ate of 7/14/	15. This should have been
listed in the report for the period ending 7/	20/2015.	
Evidence that supports those allegations (attach copies of pertinent door See Attached Exhibit, Exhibit Page 37	uments and other in	nformation):

Reset Form

Michigan Department of State Campaign Finance Complaint 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.*).

Sectional Complainant

Please print or type all information.

Your Name Joseph J. Tomczyk	19.45 2 10.00 (A.2) 10.00 (A.2)	Daytime Telephone Number
Mailing Address		517-230-6866
PO Box 113	State	17:-
St. Johns	MI	^{Zip} 48879
Section 2. Alleged Violator		
Name Robert X. Karl	STEEL PROPERTY OF THE PROPERTY	
Mailing Address 5566 Baker Rd.		
City Bridgeport	State MI	^{Zip} 48722
Section 3. Alleged Violations (Use addition	and thought man and a	
Sud w/A Pd MCP4 1 h 4 h		Is needed.)
Section(s) of the MCFA violated: Section 23 [MC	CL 169.223]	
Explain how those sections were violated:		
Itemized Expenditures Sch. 1B: The	re are eight (8) e	xpenditures charged to
Petty Cash exceeding \$50.00.		
- cuy each excession g escision		
Evidence that supports those allegations (attach copies of pe		nformation)
See Attached Exhibit, Exhibit Pages	37, 38, 39, & 41	
	2012	70.15

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. 2016 \mathbf{X} 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: Allegations regarding summary balance, amount of receipts, and disbursements are based on a comparison of deposits and withdrawals as presented by the Committee check register (provided in the 10/20/2015 report) to the information on Exhibit Page 2 (amount reported).

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

Revised 06/03/2011



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE			FILED
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and of	d signed by andidate.	3. This Statement covers From	SAGINAW COLLEGE MOOLS
. Committee I.D. Number 101733		4. Candidate Last Name KARL	POBERT 28 A 9: 11X
: Committee Name COMMITTEE TO ELECT ROBERT	- KAEL	4a. Office Sought including Di	istrict # or Community Salved (#spelicable) H
SHERIEF		4b. County of Residence	961NAW
i. Committee's Mailing Address		6. Treasurer's Name & Reside	ential Address
5566 BAKER RD		CRAIG A. B.	BUNS
BRIOGEPORT HI 48722		5566 BAKER	
		BRIDGEPORT	MI 48722
Area Code and Phone <u>989-746-9/13</u> is the address in this box is different from the commalling address on the Statement of Organization, is sent to this address by the filling official.	ılties	Area Code & Phone 989	2- 2711-875-
*. Treasurer's Business Address			
. Heastiel's Busiless Audiess		8. Designated Record keeper Designated Record keeper)	's Name and Mailing Address (If the committee has a
· · · · · · · · · · · · · · · · · · ·			
	:		
Area Code and Phone		Area Code and Phone	
9. TYPE OF STATEMENT			9e. Dissolution of Candidate Committee
9a. Pre-Election OR 9b. Post-Election	Required ON is not on the current year:	ILY If candidate ballot for the	By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here
re-Election or Post-Election Statement relates to:			IDV discharged and forgiven, and no longer collectible from
Primary	July Quarte	arly	the committee. The committee has no oustanding assets, owes no lates fees or has any oustanding debt.
General	October Q	uarteriy	The state of the s
Convention			Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Walver.
Special	8a	200	=
Ischool		Statement (<u>2015</u>) Coverage Year	Effective date of dissolution
	1 .	iment to Campaign Statement	7
Caucus) (Comp	leta Itam 9a, 9b, 9c or 9a to a which Stalement is being	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
Date of Election, Convention or Caucus			ļ
AUGUST 7016			
		9	
 Verification: I/We certify that all reasonable diligenty by the contents are true, and belief the contents are true, and true. 	ince was used in occurate and con	n the preparation of this statement	ent and attached schedules (if any) and to the best of
current Treasurer or		Dal 7	
nsignated Record keeper		(rad = 3e	nate 10/26/15
Type or Print Name		Signature	- Jan - Frequent
Candidate RODERT X. KAR	2	MANZ	Date 10/26/15
Type or Print Name		Signature	



1. Committee I.D. Number <u>101733</u>

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name CONNITTEE TO SECOT ROBERT WARL SHEET

CANDIDATE COMMITTEE	2 Committee Name (WIFITI CE / O CLC	U KUJONI KAKLIHERIFI
RECEIPTS	Column I This Period	Column II
3. Contributions	· ma renou	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>4900</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotel of "Contributions"	(3c) \$ 4900	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>- 0 -</u>	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) s 4900	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-lK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>-0-</u>	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(Ba.) \$ 3464 03	
b. Itemized Get-Out-the-Vote (Schedule 18-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)		
9. TOTAL EXPENDITURES (Add Line 8s + Line 8b + Line 8c)	(8c.) \$ 3464 <u>03</u>	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)		
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a) \$	
b. Owed to the Committee (Schedule 1E)	(12b.)\$	
13. Ending Balance of fast report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	EALANCE STATEMENT (13.) \$ $\frac{182663}{63}$ (14.) + \$ $\frac{4900}{63}$ (15.) = \$ $\frac{63}{63}$ (16.) - \$ $\frac{346403}{60}$ (17.) \$ $\frac{326260}{60}$	

CANDIDATE COMMITTEE

2 Committee Name (CHAINTSE TONIST ROBERT KARL SHOOLE)

Enter contributor's name and address. If contribution is from an individual, enter last name, trist 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
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt		date of receipt)
Name & Address:	•	
ROD IMMURRI		:
9509 BORNING TREE	4.00	_
5. If over \$100.00 cumulative, please provide:	\$ 100	
Occupation Employer	Click Here to	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		200
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt		
Name & Address		
BARB BOSESS	110	
1745 S. EVENEM	\$ 40	\$
5961 Naw 41 48609	-	<u> </u>
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address:		2)
CHAD REVELL 5258 S. BOAHAM ST CHARLES MI 48655 5. 5 over \$100.00 cumulative, please provide:	\$ 70	\$
Occupation Employer		
Dusiness Address		
Type of Contribution: Direct Loan from a person Y Fund Raiser		
2. Contribution #4 PAC Receipt? YES 4. Date of Receipt		9.
BRIAN S. PENDINGONJE		
5640 WILLOWBROOK	20	
546(NAN M) 48638 5. If over \$199.00 cumulative, please provide:	\$	\$
Occapation Employer	Click Here for	Memo Itemization
Besiness Address		
Type of Contribution: Direct Loan from a person Fund Raiser		6
Total total a peault N 1 and resea	100	1-
Page Subtota	100	-
Grand Total of All Schedules 1A (Complete on last page of Schedule)		
Page 1 at 34	Enter this total on line 3a of Summary Page.	

- 1 () () () () () () () () () (ULE 1A	1 Committee I D. March	
a ti		COMMITTEE	1. Committee I.D. Number	73
miodie inital, Chi	s name and address. eck box to indicate if c		deal enter last name first name	6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through
2070	1 PAC Receip PELORA VAN WOR DAW 41 4	HER	Receipt	date of receipt)
		•		: 40 :
Occupation	cumulative, please		£2	Click Here for Memo Itemization
Business Address				
Type of Contributi		Loan from a person	Fund Raiser	3
1. Contribution #2 Name & Address AMY F		? YES 4. Date of 1	Receipt	s 40 s
	CLES HILL cumulative, please			Click Here for Memo Itemization
Type of Contribution #3	.	Loan from a person YES 4. Date of	Fund Raiser	
Name & Address: WANCY	CLEARY		10	_
1375 C	0001068			<i>, 20</i> .
546 NJ	4-av 14 / 4 cumulative, please	8638	150	Click Here for Memo Itemization
Oceansiion		Employer		
Business Address			7 3	
Type of Contribut	on: Direct	Loan from a person	X Fund Raiser	
3. Contribution #4 Name & Address		YES 4. Date of	Receipt	
	CUMULATIVE, please;			:40:
Cocupation	cumulative, please (orovide: Employer	<u> </u>	Click Here for Memo Itemization
Business Address			/	
Type of Contribu		Loan from a person	Fund Raiser	1
			Page Subtota	140
		g	Grand Total of All Schedules 1A	
Page 2 of 3	34	,	Complete on last page of Schedule	Enter this total on line 3e of Summary

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SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee LD. Number _ 101733

2. Committee Name (CHRISTE TO SISTEM SHEET YALL SHEETE 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 8. Amount 7. Cumulative for Committee (PAC) Report all contributions regardless of amount. Election Cycle for Each Contributor (Mirough 3. Contribution #1 date of receipt) PAC Receipt? 4. Date of Receipt Name & Address: DARREN DHIENBER 8645 TIMBER TR FREELAND MI USER3 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation | Business Address Type of Contribution: Direct Loan from a person **Fund Raiser** 3. Contribution #2 PAC Receipt? 4. Date of Receipt Name & Address WILL WOLFERT 5437 OVERHICC SAGINAW MI 4870 5. If over \$190.00 cumulative, please provide: Click Here for Memo Itemization Occupation. **Employer** Business Address Type of Contribution: Direct Loan from a person Fund Reiser 3. Contribution #3 PAC Receipt? 4. Date of Receipt Name & Address: RAIDH WOODEST 5437 OUERHILL SAGONAW MI V8604 5. Nover\$108.00 cumulative, please provide: Click Here for Memo Itemization Occupation. Employer_ Bosiness Address Type of Contribution: Direct Loan from a person **Fund Raiser** 3. Costribution # 4 PAC Receipt? 4. Date of Receipt Name & Address HELB EPEAGER 3046 CARROLLTON 546(NAN HI 48604 5. If over \$198.00 cumulative, please provide: Click Here for Memo Itemization Occupation_ **Employer** Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal 60 Grand Total of All Schedules 1A (Complete on last page of Schedule) Page 3 of 34 Enter this total on line 3a of Summary

Page.

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SCHEDULE 1A

CANDIDATE COMMITTEE

2. Committee Name (CHALITEL TO BUSCY & BUSCY KARL S	HERIFE
---	--------

Enter contribution's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check how to indicate 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.	8. Amount 7. Cumulative for Election Cycle for Each
3. Contribution #1 PAC Receipt? YES A Data of December	Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Arkiness:	
AMANDA LOCKIDODO 1886 N. GRAHAM	_
FRELAND MILBOZZ	, 20
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	
Name & Address SUSAN LOCKWOOD	•
1886 N GRAHAM	: ZO .
FREELAND MI 48623	\$ 00 \$
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer_	and the second second
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt	
HAYMARD LOCKADOD	- '
1886 N.GRAHAM	\$ 70
FREELANDHI 48623	
5. Nover \$190.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Aritress	
Type of Contribution: Direct Loan from a person Fund Raiser	
2. Contribution #4 PAC Receipt? YES 4. Date of Receipt	
BARIS HOUSTAGED	
5023MABROOK	20
GAGINAW MI HOLDZ	:00
SAGIN 4 W 11 U 8603 E Forer 5102.80 cumulative, please provide:	
Occupation Employer	Click Here for Memo Itemization
Business Address	
Type of Constitution: Direct Loss from a person Fund Raiser	'
Page Subtota	1 00
	\\X(/)
Grand Total of All Schedules 1A (Complete on last page of Schedule	
	Enter this total on
Page 4 of 34	line 3a of Summary Page.

I ENNACE OUR INDUITORS

SCHEDULE 1A

CANDIDATE COMMITTEE

2 Committee Name CHAINTE TOPISON PROPERT VARI SHEELE

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.	5. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt Name & Address: LYNN BAILEY 5023 MYBBOOXSH SAGINAW MI 48603		date of receipt)
	: 20	\$
5. If over \$100.00 cumulative, please provide:	Click Here fr	r Memo Itemization
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SCHEDULE 1A CANDIDATE COMMITTEE

CANDIDATE COMMITTEE

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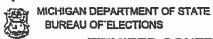
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SCHEDULE 1A

SCHEDULE 1A

CANDIDATE COMMITTEE

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SCHEDULE 1A

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SCHEDULE 1A

1. Committee LD. Number

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2. Committee Name (ONAMETE TO SIST AND STARL SHEET FE

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SCHEDULE 1A CANDIDATE COMMITTEE

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CANDIDATE COMMITTEE

1. Committee L.D. Number 10/733

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SCHEDULE 1A

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CANDIDATE COMMITTEE

1. Committee L.D. Number 101733

2. Committee Name CONNOTES YO STAY DOSSAT YAR! SHEDIST

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3. Contribution #4 Name & Address KAYS: TISYZ 6790 DOLL	1000	YES 4, Date	of Receipt_		
SAGRAWHI U	COV			<u> 20</u>	S
5. Fover \$100.00 cumu	ilative, please prov	ride:			
Осторабов		Employer		Click Here for —	Memo Itemization
Business Address					, }
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
79.7			Paga Subt	10tal 220	
00 211			Grand Total of All Schedules (Complete on last page of Sched	1A Lule) Enter this total on	
Page 28 of 34				line 3a of Summary	

SCHEDULE 1A

CANDIDATE COMMITTEE

101733 1. Committee I.D. Number Cottagnes To siery BOSFAT KARL SASOLES

		COMMITTEE	2. Committee Name /	141	
Committee (PAC) Repo	ox to indicate if con	ribution is from a Political	ridual, enter last name, first name, Committee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receiot)
3. Contribution #1 Name & Address: RUTH CEO 3419 PASA SAGINAW	DENA		f Receipt	- : 20	, cas or recogny
5. If over \$100.00 cum	*			10.0	. •
Occupation		Employer		Click Here f	or Memo Itemization
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution #2	PAC Receipt?	YES 4. Date of			
Name & Address JULE BELFA 1830 LENGO 5961140	EL	_	-	\$_20_	. \$
H.					
5. Fover \$190.00 cumu	ilative, please pro			Click Here fo	or Memo Itemization
Occupation:		Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution#3 Name & Address: PAT WORTS 2880 WORTS FREELAND 5. Bower \$168.00 cumu	iel de 48623	YES 4. Date of	f Receipt:	\$ Zo	\$r Memo Iternization
	sanset bleaze blo			Olicit Hele fol	Westlo Hessization
Occapation		Employer			
Type of Contribution:	Direct	Loan from a person	NV S-18:		
Contribution #4	PAC Receipt?		Fund Raiser f Receipt		
Name & Address JOHN VANDES 8765 TIMBE SA GINAW TO BE TOWN STOOLS COMME	ALE RTR 1 USING		- receipt	:20	s
Occapelion		- Employer	**	Click Here for	Memo Itemization
Business Address					
Type of Cockbulion:	Direct	Loan from a person	Fund Raiser		Ť.
=			Pege Subtota	0.0	
Page 29 at 74		(Grand Total of All Schedules 1A Complete on last page of Schedule	Enter this total on line 3a of Summary	
				Page.	

HEMILED CONTRIDUTIONS

SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number __/0/733

2. Committee Name COMMITTEE TO SISTY ROBBET KARL SHEEL FF

3. Contribution #1 PAC Receipt? YES 4. Date of Receipt Name & Address:	date of receipt)
ZII4 5Th	
S. If over \$100.00 cumulative, please provide:	<u>-20</u> -
OccupationEmployer	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 Name & Address JOYCE PETRIE	
2933 SHATTUCKUILE SAGINAW MI 48603	: 20 s
5. If over \$190.00 cumulative, please provide:	
Occupation:Employer	Click Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: SCOTT KALENTINE 1613 KING SAGINAW MI 48602	3_20s
	Clinton
5. Fover \$169.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer Strains Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Committee # PAC Receipt? YES 4. Date of Receipt Name # Address POB HITCHELL [9/ SYROIF DE SAGNUM MI 48609	. 20
5. E over \$100.08 cumulative, please provide:	
Occupation Employer	Click Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	6 , :
Page 50 of 34	inter this total on ne 3a of Summary lage.

IT ENHACE CONTINUED INTO

SCHEDULE 1A

1. Committee I.D. Number 101733

CANDIDATE COMMITTEE 2. Committee Name Copputation TO SCECE ROBBET KADE SHEET FE 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 6. Amount 7. Cumulative for Committee (PAC) Report all contributions regardless of amount. Election Cycle for Each Contributor (Through data of receipt) 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7-30-15 Name & Aridines CHARLIE ROBGENBEAC 305 N. CENTER SA6NGAW 41 48638 100 5. If over \$100.09 cumulative, please provide: Click Here for Memo Itemization Occupation _ Employer_ Business Address Type of Contribution: Direct Loan from a person Rund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address LORI MENARO 6749 SYROERGE \$ 20 SAGINAN MI 48609 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation: Employer. Business Address Type of Contribution: Direct Loan from a person **Fund Raiser** 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: GREG MENARD 6745 STROEBEL 596(NAW 41 48609 5. If over \$190,00 cumulative, please provide: Click Here for Memo Itemization Occupation_ Employer_ Business Address Type of Contribution: Direct Loan from a person Fund Raiser 3. Constitution#4 PAC Receipt? YES 4. Date of Receipt Name & Address JAN LEROUX 300 GOLFEAD SAGINAW HI 48603 5. If one: \$100.06 cumulative, please provide: Click Here for Memo Itemization Occupation_ Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal

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

Para 31 + 74

Enter this total on line 3a of Summary Page.

II EIMPER ARIA I LABOTIALO

SCHEDULE 1A

CANDIDATE COMMITTEE 2. Committee Name

1. Committee L.D. Number	
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Enter contributor's nam	e and address. If c	ontribution is from an inci	vidual, e	nter last name, first name	ie,	6. Amount	7. Cumulative for
Committee (PAC) Repo	ox to indicate if cont et <u>ell</u> contributions	ribution is from a Political regardless of amount.	Сопила	tes or an Independent			Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: BARRY NE 2508 D/		YES 4. Date o	f Receip	7-30-15	-		done of receipty
30011014	777 480					\$ 100	\$
5. If over \$100.00 cum		vide:				Click Hom fo	ır Memo İtəmization
Occupation	TTRED	_ Employer				Cilca rea ic	i Metrio Itentization
Business Address			-				
Type of Contribution:	Direct	Loan from a person	_ >	Fund Raiser			24
3. Contribution#2 Name & Address JENNIFER N		YES 4. Date o	f Receip	7-30-15			
2680 CHEYE	•					s 20	
SAGINAW P	11 48603					<u> </u>	\$
5. If over \$190.00 cum	ılative, please pro	vide:				Click Here for	r Memo Itemization
Occupation		Employer					TOTAL PROPERTIES
Business Address				,			
Type of Contribution:	Direct	Loan from a person	M	Fund Raiser			
3. Contribution #3	PAC Receipt?	YES 4. Date of	of Receiv			10	
Name & Address: KARA HED 4037 N.T. FREELAND H	46495					20	\$
5. Worser \$100.00 cumi	ilative, please pro	vide:				Click Here for	Memo Itemization
Осторавов		Employer					
Deciseus Address							
Type of Contribution:	Direct	Loan from a person	잗	Fund Raiser	_		
3. Contribution #4 Name & Address JULLE BAI 305 N CEA SAGIVAOV	1750		of Receip	at		: 70	3
5. If over \$100.00 cumu	dative, please pro	vide:					
Острабов		- Employer			_	Click Here for	Memo Itemization
Business Address	 _						,
Type of Contribution:	Direct	Loan from a person	X	Fund Raiser			
Page <u>32</u> of <u>34</u>			Gran (Comple	Page Subt d Total of All Schedules to on fast page of Schedu	1A tule) E	160 Inter this total on ne 3a of Summery	
Page 10 of 177						age.	

I I EMILED VOIS I MIDU I IVITO

SCHEDULE 1A

CANDIDATE COMMITTEE

2. Committee Name (CHULTTSE TO BEST AND CHEATE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution #1 PAC Receipt? 4. Data of Receipt Name & Aridress: DEUIN CAMPBELL 1/3/5 AMBER CT FREELGION MI 48623
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer Business Address Type of Contribution: Direct Loan from a person **Fund Raiser** Contribution #2 PAC Receipt? 4. Date of Receipt Name & Address KAREN DUPUIS 2573VALLEY DE SAGINAW MI 48603 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation. Business Address Type of Contribution: Loan from a person Fund Raiser 3. Contribution #3 PAC Receipt? 4. Date of Receipt Name & Address: L. SICARD 7550 DUTEHR 40 SAGINOW M) 48609 5. # over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation **Employer** Strainess Address Type of Contribution: Loan from a person Fund Raiser 3. Contribution # 4 PAC Receipt? 4. Date of Receipt Name & Address DOUGLAS R. HOLTZ 3708 WILLHAUEN DR GLENSHALL PA 15/16 5. Nover \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation Employer, Berginess Address Type of Contribution: Direct Loan from a person Fund Raiser Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on Page 33 of 34 line Sa of Summary Page.



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

2. Committee Name COHHITES TO SIST TOBSOT VAIN SHEATF CANDIDATE COMMITTEE Enter contributor's name and address. If contribution is from an individual, enter last name, first name. 7. Cumulative for 6. Amount middle initial. Check box to Indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: DELORES E. PAYNE 7102 GALESVILLE PL 100 ANNANDALE VA 22003
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer. Occupation Business Address _ Direct **Fund Raiser** Type of Contribution: Loan from a person 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address LYNDA HEATHSCOTT SAGINAW MI 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _ Business Address _ Type of Contribution: Direct **Fund Raiser** Loan from a person 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: Click Here for Memo Itemization 5. If over \$100.00 cumulative, pioase provide: Occupation_ Employer 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: Click Here for Memo Itemization Occupation Employer, Business Address Type of Contribution: Direct Loan from a person **Fund Raiser** Page Subtotal 200

Page 34 of 34

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

4900

Enter this total on line 3a of Summary Page.

Exhibit Page 36



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number	101733	
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CAMDIDATE COMINITIEE	2 Committee Name CONHITTEE TO BISCT ROBERT KARL SHEE	CIFF
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount	
Expenditure #1		
Name FED EX	7/14/15 \$ 29	20
Address	Purpose: MAIL T SAIRTS Data	_
	Click Here for Memo Itemization Ty	pe
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #2		
Name FUEL-PETTY CASH	7/27/15 : 60°	0
Address	Purpose: FUEL Date	_
	Click Here for Memo Itemization Typ	рө
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #3		
Name KOHLS		902
Address SAGINAW TWP	Purpose: PURCHASE PANTS Date	
Fund Raiser Expenditure #4	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement	18
Name GORDON'S FOODS Address SAGINAW TWP	Purpose: <u>FOOD FOR FONOR</u> 415 & 352.	93
	Click Here for Memo Itemizzation Type	В
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #5		
Name A.T.S. PAINTING	lula	Va
Address MERRILL HI	Purpose: <u>GHIRTS-CAPS</u> 8/4/15 \$ 254	-
Fund Raiser	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement	•
	Subtotal this page 769 51	
	Grand Total of all Schedules 1B (Complete on last page of Schedule)	
	Enter this total	

Page _____ of ____6

on line 8a of Summary Page



ITEMIZED EXPENDITURES SCHEDULE 1B

CANDIDATE COMMITTEE

1. Committee I. D. Number	101733
---------------------------	--------

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1		0.0015	o. Attiobilt
Name PETTY CASH		111	
	,	8/6/15	s 100°
Address	PUTPOSE: FUEL MAINTENAN	Date Date	700
	i		Itemization Type
Fund Raiser	Check box if this expenditure is payment	tof	
	debt or obligation reported on previous statement		
Expenditure #2			
Name PETTY CASH		-11-	
		8/7/15	\$ 70
Address	Purpose: FOOD/FESS	Date	
	Cli	ck Here for Memo	Itemization Type
_	Check box if this expenditure is payment	iii e	
Fund Relser	I don't of opinization reported on provide to	or	
Expenditure #3	statement		
Name PETTY CASH			
		11	
address	_ 1	<u> </u>	\$ 150°°
	Purpose: FUEL FOOD	Date	1.10
	CHO CHO	k Here for Memo	Itamization Type
Fund Raiser	Check box if this expenditure is payment debt or obligation reported on previous	of	
expenditure #4	statement statement of previous		
. 12			
lame AMERICAN LEGION CLUB		1 1	
ridence]	8/22/15	\$ 1500
address SAOTO CHESANING MI	Purpose: JOIU-	Date	* 25
	Cital	Here for Memo !	temization Type
	Check box if this symmetribure is now and		174
Fund Raiser	debt or obligation reported on previous statement	4	
penditure #5	orange lies if		
ama PETTY CASH			
1211 / CASH		1. 1	
ddress	Purpose: FUSL	0/26/15	\$ 60°E
	ruipuse; 1 vez	Cate	<u> </u>
	Click	Here for Memo I	nomination T
3	Check box if this gamenditure is comment.	i. mara merindi Maturo II	umzauun Type
Fund Raiser	debt or obligation reported on pravious statement	•	
	1 astroculatif		
	Sub	lotal this page	39500
(c)	Grand Total of al		11)
	(Complete on last pag	a of Schadules	
	*		Enter this total

Page 2 of 6

on line 82 of Summary Page



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee L.D. Number <u>/0/73-3</u>

CANDIDATE COMMITTEE 2.0	Committee Name (OMB/ITES TO 9/807 K	DEFET	KARL SHERIF
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name PETTY CASH		9/2/15	: 650
Address	Purpose: FUEL/FOOD	Date	* <u>0) </u>
	Click Her	re for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name SAGINAW CO. RECTOR		9/2/15	1000
Address	Purpose: REC FOR ELECTION	Daig	
		a for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name FRATERNAL ORDER OF POLICE		akle	\$ 60
Address SAGINAW HI	Purpose: <u>F&S</u>	Date	\$ <u>60</u>
Fund Raiser	Click Here Check box if this expenditure is payment of debt or obligation reported on previous statement	e for Memo I	temization Typa
Expenditure #4			
Name KONTA		, ,	
Address	ADVERTISSHENT - Purpose: <u>PREMIUM AWARD</u>	9/9/15 Date	s <u>200</u> €
	Click Here	a for Memo I	ternization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name PETTY CASH		a lolk	
Address	Purpose: FUEL	Date	\$ 30-
	Click Here	of Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subtotal ti	his page	47500
	Grand Total of all Scho (Complete on last page of		
	A		Enter this total

Page 3 of 6

Enter this total on line 8a of Summary Page

SCHEDULE 1B	1. Committee I. D. Number <u>/0/7.3.3</u>
" CAMBUDATE COMMITTEE	2. Committee Name (OHMITTEE TO ELECT KOBGOT KARC SHEALF
2 The seal and have or person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
HERRILL MI	Purpose: BVY SHIRTS HAYS Date \$349.80
MERKILL MI	Click Here for Memo Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous statement
- PETTY CASH	9/17/15 \$ 50 °C Dates
	Click Here for Memo Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous statement
-9.U.A.A	Purpose: FOR FUNDRAISER Date \$ 200
	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
- KONDA	9/2/15 \$ 120°0
SAGINAW MI	Purposa: ADVERTISEHENT Dete
1 M 6 4	Click Here for Memo Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous statement
= DETTY CASH	

Purpose: FUEL

statement

Check box if this expenditure is payment of debt or obligation reported on previous

Subtotal this page

Click Here for Memo Itemization Type

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

> Enter this tutal on line 8a of Summary Page

1. Committee I. D. Number 101733

Throw and a three of person or vendor to whom paid	Committee Name (CHNITTEE TO SECT ROBERT KA QUESTION 4. Purpose (Required Information) 5. Date 5. Amount
Paris in the state of the state	O Date Composit
TE REMBOLD	Purpose: <u>7 Banneas</u> 10/4/15 \$ 19822
HERRICHI	Click Here for Memo Itemization Type
JAGINAN HI	Check box if this expenditure is payment of debt or obligation reported on previous statement
PETTY CASH	Purpose: <u>FUELFOOD</u> 10/6/15 \$ 60 00 Date
	Click Here for Memo Itemization Type
	Check box if this expanditure is payment of debt or obligation reported on previous statement
- PETTY CASH	Purposes FUEL/FOOD Date \$5000
	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
PETTY CASH	Purpose: FUEC / FOOD 10/14/15 \$ 60 000
	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
PEHY CASH	Purpose: <u>FUEUFFOOD</u> 10/15/15 \$ 50°
	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
	Subtotal this page 41822
	Grand Total of all Schedules 18 (Complete on last page of Schedule)
	Enter this total on line 8a of

Summary Page

CAMBIDATE COMMITTEE

1. Committee I. D. Number

01	73	3

person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
A.T.S. PRINTING MERICC MI	SHIRTS 10/22/15 \$ 556 50 Purpose: 804 HAYS-STICKED 5 Date
	Click Here for Memo Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous statement
- K. ONDA - SAGINAW HI	Purpose: 450ERT (SETENTS Date \$ 800
	Click Here for Memo Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous statement
	Purpose:\$
	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
	Purpose: Click Here for Memo itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
	Purpose: \$
	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
	Subtotal this page 63650 Grand Total of all Schedules 1B (Complete on last page of Schedule) 3464 03
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Summary Page

NUMBER OR	DATE	TRANSACTION DESCRIPTION	PAYMENT	FEE,	OEPOS CREDIT		\$ 890.	50
	1/8	PEHY CASH (FUEL)	60	17			830	50
06	1/1/	100 CLUB OUTING	110	-	T		720	50
-60	/11	REIMOTO	31	27			689	23
96	6/19	ATS PRINTER	355	10			334	13
109	1/22	REIMOLD -BOLFOR # 2	132	50			201	63
1 +- 14)	1/7	DER DONATED - CKS			1550	-	1751	63
	्रेटक <u>स्थ</u> ाप	· · · · · · · · · · · · · · · · · · ·	(Moral Co.					
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G-1	//IY	FED EX MAIL T-SHUTS	29	20			1722	43
311	7/27	MAIL T-SHUTS FUEL	60	-			1722	43
361	/14 7/27 1/29	MAIL T-SHUETS	-	\vdash			1 5000	. 45
311		MAIL T-SHUSTS FUEL [OHLS]	60 72 352	-			1 5000	43
3/1	1/19	MAIL T-SHUSS FUEL SOHLS PANTS	60	- 98	4787		1 5000	43 45 52
3/1	1/19 1/30	MAIL T-SHUFT FUEL KOHLS PANTS CONON. POOD	60 72 352	- 98	4787		[662 [589 [136	43 43

Reorder: www.bankofamerica.com/checks Call: 1.800.652.1111 Business Customers: 1.800.234.6147

For added security, your name and account number do not appear on this copy.

MAER OR	-	AP-Automatic Payment • ATM-Cash Withdrawol • DC-Deb JRANSACTION DESCRIPTION	PAYMENT, F	EE,	1	DEPOSIT, CREDIT (+		\$ 5669	.4
CODE	8/6	DEP. FROM FUNDRASSER				620		6289	12
16	87	CVEH	70	_				6219	/2
17	8/18	CASH FUEL & MY BACK / FOOD	150	-				6069	12
19	1/19	K ONDA	480	-				5589	12
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122	9/2	REG. COUNTY REGG. PER ELECTOR	100	-				5349	12
3.3	9/8	FOP FEES	60	-				5289	13
324	9/		200	-	T			5089	12
oa T	9/9		50	-				5039	1
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325	4/	CASH	50	1-	1			4639	7

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CODE	DATE	TRANSACTION DESCRIPTION	PAYMENT, WITHORAW		1	DEPOS		\$4639	3
326	1/19	SW. A.A. SAC. FAR FUNDROUSH-2 N.C.	200	-				4439	3.
127	1/21	K ONDA FUNDROISER AD	120	-	100000			4339	33
118	% 1	CINSH FUEL / FOOD	50	-				4269	3
349	1/4	DEP. FROM FUNDRAISER.				140	-	4409	33
1	.,	2 BOOKER-5'	198	2.2				42(1	10
350 331	1	COSH /	60	-				4151	80
337	10/	CASH FOOD	50	-		-		41.01	10
	1/2	DEPOSIT CK				50	-	4151	10
332	9/4	CASH	60	-				4081	10
333	1/15	CASH	50	-				4041	10
334	W/n	ATS PRINTING SHIRD [HATS STICKEDS	55%	50				3484	60
136	10/21	K-ONDA	80	-				3404	60

ROBERT KARL REVIEW OF CHECK REGISTER (SUBMITTED WITH 10/20/2015 CAMPAIGN REPORT)

CK#	DATE	PAYEE	PAYMENT	DEPOSIT	BALANCE
		BEGINNING BALANCE			890.50
	6/8	PETTY CASH (FUEL)	60.00		830.50
306	6/11	100 CLUB-OUTING	110.00		720.50
307	6/17	RETMOLD-FLYERS	31.27		689.23
308	6/19	ATS PRINTING	355.10		334.13
309	•	RETMOLD-BANNER #2	132.50		201.63
		DEP DONATED-CKS		1,550.00	1,751.63
310	7/14	FED EX-MAIL T-SHIRTS	29.20		1,722.43
311	7/27	FUEL	60.00		1,662.43
312	7/29	KOHLS-PANTS	72.98		1,589.45
313	7/30	GORDON FOOD DEPOSIT FROM	352.93		1,236.52
	7/31	FUNDRAISER		4,787.00	6,023.52
314	8/4	ATS PRINTING	254.40		5,769.12
315	8/6	FUEL / MAINTENANCE	100.00		5,669.12
		DEPOSIT FROM			
	8/6	FUNDRAISER		620.00	6,289.12
316	8/7	CASH FEES / FOOD	70.00		6,219.12
		CASH FUEL / PAY BACK /			
317	8/18	FOOD	150.00		6,069.12
319	8/19	K ONDA	480.00		5,589.12
318	8/22	AMERICAN LEGION SQ 212	15.00		5,574.12
320	8/26	FOOD / FUEL	60.00		5,514.12
321	9/2	FUEL / FOOD	65.00		5,449.12
		SAGINAW COUNTY REG			
322	9/2	FOR ELECTION	100.00		5,349.12
323	9/8	FOP FEES	60.00		5,289.12
		K? ONDA? PREMIOUS			
324	9/9	AWARD SPONSOR	200.00		5,089.12
202 T	9/9	PETTY CASH	50.00		5,039.12
203 T	•	A.T.S SHIRTS	349.80		4,689.32
325	9/17	CASH FUEL / FOOD	50.00		4,639.32
		S.V.A.A. SAGINAW FAIR			
326	9/19	FUNDRAISER-2 TICKETS	200.00		4,439.32
327	9/21	K ONDA FUNDRAISER AD	120.00		4,319.32
328	9/21	CASH FUEL / FOOD	50.00		4,269.32
		DEPOSIT FROM			
	10/1	FUNDRAISER		140.00	4,409.32

ROBERT KARL REVIEW OF CHECK REGISTER (SUBMITTED WITH 10/20/2015 CAMPAIGN REPORT)

CK#	DATE	PAYEE	PAYMENT	DEPOSIT	BALANCE
329	10/4	REIMOLD 2 BANNERS 5'	198.22		4,211.10
330	10/7	CASH FUEL / FOOD	60.00		4,151.10
331	10/7	CASH FUEL / FOOD	50.00		4,101.10
	10/12	DEPOSIT CK		50.00	4,151.10
332	10/14	CASH / FUEL	60.00		4,091.10
333	10/15	CASH / FUEL	50.00		4,041.10
		ATS PRINTING SHIRTS /			
334	10/22	HATS / STICKERS	556.50		3,484.60
335	10/21	K-ONDA	80.00		3,404.60
		TRANSACTIONS 7/21/15-			
		10/20/15	3,278.33	5,597.00	
		TOTALS FROM CAMPAIGN	,		
		REPORT (SUMMARY PAGE)	3,464.03	4,900.00	
		DIFFERENCE	<u>-185.70</u>	<u>697.00</u>	
		CHECKING BALANCE 10/15			4,041.10
		ENDING BALANCE			
		CAMPAIGN REPORT			
		(SUMMARY PAGE)			3,262.60
		DIFFERENCE			<u>778.50</u>

Michigan Department of State Campaign Finance Complaint Form



This complaint form may be used to file a complaint alleging that someone violated the Michigan Campaign Finance Act (the MCFA, 1976 PA §88 casamented MCL 169.201 et seq.).

Please print or type all information.

Section 1. Complainant		
Your Name Joseph J. Tomczyk		Daytime Telephone Number 517-230-6866
Mailing Address PO Box 113		
St. Johns	State	Zip 48879
St. Juliis	MI	40079
Section 2, Alleged Violator		
Robert X. Karl		
Mailing Address 5566 Baker Rd.		
Bridgeport	State MI	48722
Section 3. Alleged Violations (Use additional shee	et if more space	is needed.)
Section(s) of the MCFA violated: Section 26(1)(c) [MC	L 169.226(1)(c)]
Explain how those sections were violated:		
Summary Page: The ending balance is report	rted as \$1,82	26.63. The Candidate included
a copy of the Committee's check register with the	Campaign Re	port for 10/20/2015. It includes the
checking balance as of 7/20/2015 of \$1,72	22.43 (differ	ence \$104.20).
Evidence that supports those allegations (attach copies of pertinent doc See Attached Exhibit, Exhibit Pages 2 & 1		uformation):
	Y 217	

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.

Section 1. Complainant		公司,在1980年,1980年
Your Name Joseph J. Tomczyk		Daytime Telephone Number 517-230-6866
Mailing Address PO Box 113		
City	State	Zip
St. Johns	MI	48879
Section 2. Alleged Violator		
Robert X. Karl		
Mailing Address 5566 Baker Rd.		
City Bridgeport	State MI	^{Zip} 48722
Section 3. Alleged Violations (Use add	itional sheetiifimore 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 Sch. 1A: Co	ontribution of Pat O	'Brien is greater than \$100.00
Occupation, Employer, and Busine	ess Address is not	listed.
Evidence that supports those allegations (attach copies of See Attached Exhibit, Exhibit Page	=	information):

Reset Form

Michigan Department of State Campaign Finance Complaint 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.

Section I. Complainant		24条件。	
Your Name Joseph J. Tomczyk		Daytime Telephone Number	
Mailing Address		517-230-6866	
PO Box 113			
City St. Johns	State MI	Zip 48879	
St. 301118	1711	40079	
Section 2. Alleged Violator			
Name Robert X. Karl			
Mailing Address 5566 Baker Rd.	2.1		
Bridgeport	State MI	^{Zip} 48722	
Section 3. Alleged Violations (Use additional she	et if more space	is needed.)	
Section(s) of the MCFA violated: Section 26(1)(j) [MC	L 169.226(<i>1</i>	1)(j)]	
Explain how those sections were violated:			
Itemized Expenditures Sch. 1B: There are t	wo (2) expe	enditures showing Saginaw 100	
Club in the amounts of \$110.00 and \$100.	.00 for a tota	al amount of \$210.00. There	
is no address listed for this vendor.			
Evidence that supports those allegations (attach copies of pertinent do See Attached Exhibit, Exhibit Pages 8 & 1		nformation):	
S (200)			
		<u> </u>	
		11.2	

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.

Doctor V. Combinance		
Your Name Joseph J. Tomczyk		Daytime Telephone Number
Mailing Address		517-230-6866
PO Box 113		
St. Johns	State M1	Zip 48879
Gt. Johns	1011	10010
Section 2. Alleged Violator		
Robert X. Karl	273772275	
Mailing Address 5566 Baker Rd.		
City Bridgeport	State	Zip 48722
The state of the s		
Section 3. Alleged Violations (Use addition	nal sheet if more space	is needed.)
Section(s) of the MCFA violated: Section 23 [MC	L 169.223]	
Explain how those sections were violated:		
Itemized Expenditures Sch. 1B: The	re are three (3) e	xpenditures charged to
Petty Cash exceeding \$50.00.		
Evidence that supports those allegations (attach copies of per See Attached Exhibit, Exhibit Pages		nformation)
	9.5	- 120
<u> </u>	- 15 F N	
	277	

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 Former 5/2/2016

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:

Allegation re: summary balance is based on a math verification and comparison of

the bank balance listed prior to 7/20/2015 as presented by the Committee

check register (provided with the Campaign Report for the period ending 10/20/2015)

compared to the information contained on Exhibit Page 2 (amount reported).

X Just Journe of Complainant 5/2/2016
Signature of Complainant

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

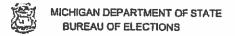
Revised 06/03/2011

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE			
Report must be tegible, typed or printed in ink and the treasurer (or designated record keeper) and compared record seeper).	signed by andidate.	3. This Statement covers From	to 1014 2015
1. Committee I.D. Number		4. Candidate Last Name	First Name M.I.
4100040037565		KARL	ROBERT FILED X
101733		 4a. Office Sought Including Dis	strict # or Community Served (If applicable)
2. Committee Name		SAGINAW COUN	TY SHERIFF
COMMITTEE TO ELECT POSER	7		2015 JUL 27 ₽ 6: 54:
KARL SHERIFF		4b. County of Residence	AGINAW
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ential Address
5566 BAKER RD		CRAIG A. BE.	
BRIDGEPORT MI 487	22	5566 BAKE	
		BRIDGE PORT	T 141 48722
Area Code and Phone 287-746-9113	3		
If the address in this box is different from the commi	ittee		
mailing address on the Statement of Organization, r be sent to this address by the filing official.	nail may	Area Code & Phone 289	2-741-9113
7. Treasurer's Business Address		B. Designated Record keeper Designated Record keeper)	's Name and Mailing Address (If the committee has a
		Designated National Respect	
		8	
ı			
<u></u>			
Area Code and Phone		Area Code and Phone	
9. TYPE OF STATEMENT			9e. Dissolution of Candidate Committee
9a. Pre-Election OR 9b. Post-Election	Required ON is not on the current year;		By checking this item I/We certify any outstanding debt
Pre-Election or Post-Election Statement relates to:	Gorioni your.		by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from
	July Quart	erly	the committee. The committee has no oustanding assets, owes no lates fees or has any oustanding debt.
Primary	<u> </u>		Jones in inter least inter sily correcting dept.
General	October Q	-	Further, if the dissolution cannot be granted, that this be
Convention			considered a request for the Reporting Weiver.
Special	9c. Annua	Statement (2015)	
☐School		Coverage Year	Effective date of dissolution
Caucus		iment to Campaign Statement	<u> </u>
	(Comp	lete Item 9a, 9b, 9c or 9e to e which Statement is being	Note: The disposition of residual funds must be reported on
	amend		Schedule 1B and the Summary Page.
Date of Election, Convention or Caucus		•	
AUGUST 2016			
EUGUST XVIE			
40 Verification 1966 and 6 And all according			
mylour knowledge and belief the contents are true, a	nce was used (ccurate and co	n the preparation of this stateme	ent and attached schedules (if any) and to the best of
Current Treasurer or			Ξ.
signated Record keeper CRPIG-A-BEIN	125	(material	5 07/20/20
Type or Print Name		Signature	Date
Candidate RODERT X. KAR	7/	Ma- 7	Date 07/25/2015
Type or Print Name		Signature	Date 07/75/2015
Aleman a sust against		- Missiria	

Authority granted under P.A. 388 of 1976



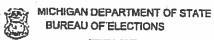
101733

1. Committee I.D. Number # 1000 400 37565

SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name (O MINITIPE TO ELECT ROBE OF KARL SHERIES

RECEIPTS	2-1	
3. Contributions	Column I This Period	Column II Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>3230</u> °	
b. Uniterrized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 3230°°	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>3230 °°</u>	(20.)\$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.)\$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u> </u>	(22.) \$
EXPENDITURES		
8. Expenditures	37	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1403</u> 37	
b. Itemized Gat-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 1403 32	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Uniternized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(106.)\$	
(Add Line 10a + Line 10b) DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.)\$O	
b. Owed to the Committee (Schedule 1E)	- O-	
	(12b.) \$ BALANCE STATEMENT	<u> </u>
13. Ending Balance of last report filed	(13.) \$70~	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.)+\$ 323000	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	707000	
18. Amount expended during reporting period	(15.) = \$ 3250 T	
(Add lines 9 and 11) 17. ENDING BALANCE	(16.) - \$	
(Subtract line 16 from line 15)	(17.) \$	
<u> </u>		



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number

1100040037565

CANDIDATE COMMITTEE

2. Committee Name Committee TO SISCT ROBBOT KACL SHEVE

Committee (PAC) Rep	XXX TO INCICATE IT COI	contribution is from an inc stribution is from a Politica regardless of amount.	lividual, e il Commit	nter last name, first name, tae or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: HAITHE WO 444 LONG AVON LAEL 5. If over \$100.00 cum	POINTE DI E OH 44	e.	of Receip	6-21-15	= 40°0	\$
Occupation		Employer			Click Here for	or Memo Itemization
Business Address		172				
Type of Contribution:	Direct	Loan from a person	₽री	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of				
CRAIG BEIN 5566 BAKE BRIDGERSET	P1 4872				\$ 1000 95	\$
5. If over \$100.00 cum	ulative, please pro	ovide:			Click Here fo	or Memo Itemization
Occupation RETIA	28.0	_ Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person	P	Fund Raiser		*
3. Contribution #3 Name & Address: THOMAS 602 HAN SAGINA 5. If over \$100.00 cum	COCK MI (190	- 9K	of Recelp	6-20-15	\$ 40 00 Click Here for	\$ Memo Itemization
Occupation		Employer				
Business Address Type of Contribution:	Direct	Loan from a person	Ø	Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date	of Receip	6-22-15		222
FRANKE./ 1405 HOW, SAGINAN, 5. If over\$100.00 cum	LI HAN R MI 48601	•			: 2000	\$
Occupation	=	Employer	121		Click Here for	Memo Itemization
Business Address						
Type of Contribution:	Direct	Loen from a person	N	Fund Raiser		
			Gran (Complet	Page Subtote d Total of All Schedules 1A a on last page of Schedule	700-	2
Page / of 5			A	hallo at Octorible	Enter this total on line 3a of Summary	•



MICHIGAN DEPARTMENT OF STATE BUREAU OF ÉLECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

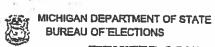
1. Committee I.D. Number 10004003

101733

CANDIDATE COMMITTEE

2. Committee Name Consumer To ELECT ROPEDT KARLSHEDIFI

Estate and But the control of the co	
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
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 6-28-15	date of receipt)
JANE A - DESHONE 2403 HILFORD ST	
596WAW MI U8603	11000
5. If over \$100.00 cumulative, please provide:	
Occupation NUCSE Employer CONFIDENT HOSPITAL	Click Here for Memo Itemization
Business Address 900 COOPER - SAGINAIN MI 48602	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Data of Receipt 6-25-15	
FRANK E. MATTHEIS	
1405 HOULTHAN RD	. 200
SAGINAW MI 48501	
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	Office to talefild flettization
Business Address	9.
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6-15-15 Rame & Address: ERIKA SPEACE	- '
18638 SCHROEDER PD	72.00
BRANT MI 48614	<u>s_d()</u> <u>s</u>
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	7
Type of Contribution: Direct Loan from a person Fund Raiser	į.
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6-10-15	
DENNIS CHWALA	
44815. MARCUSRO	20.00
5. If over \$100.00 cumulative, please provide:	100
Occupation Employer	Click Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
The second of th	
Page Subtote	1700
Grand Total of All Schedules 1/4 (Complete on last page of Schedule	
	Enter this total on
Pageof	line 3a of Summary



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

	10	<i>クノフ33</i>	
1. Committee I.D. Nu	mber <u>#000</u>	40037565	
2. Committee Name	COMMITTEE	TO ELECT ROBEDT	

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.	8. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 6-25-15 Name & Address: VUSTIN SMITH 1855 S. HORNER RD	70.92
5. If over \$100.00 cumulative, please provide:	<u> </u>
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 6-25-15 Name & Address BILC O'BRISN	
2520 BARNARD SACINAW MI 4860=	\$ 40.00
5. If over \$100.00 cumulative, please provide:	
Occupation Employer	Click Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address:	- 2
	\$ 8
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	
Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address	
5. If over \$100.00 cumulative, please provide:	\$
	Click Here for Memo Itemization
Occupation Employer	
Business Address	ì
Type of Contribution: Direct Loan from a person Fund Raiser	
Page Subtota Grand Total of All Schedules 1A (Complete on last page of Schedule	
Pageof5	Enter this total on line 3a of Summary Page.



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

101733

2. Committee Name CONHITTE TO SECT ROBERT KAR SHEEL F.

Enter contributor's nan middle tritial. Check b Committee (PAC) Rep	ox to indicate if cont		XTILLI	ittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: MEGON 5		YES 4. Date of F	lecei	6-19-15		
1855 14	OKER RD				1100	
5. If over \$190.00 cum	> $M/$ $480ulative, please pro$				Click Ham fr	or Memo Itemization
Occupation		Employer.			Ollow Hele Id	or Interno (Certificación)
Businesa Address						
Type of Contribution:	Direct	Loan from a person	8	- Fund Raiser		
3. Contribution #2 Name & Address JANES R -	PAC Receipt?	YES 4. Date of R	ecei	pt 6-21-15		
4711 N-1					\$ 6000	s
HOPE #/ 5. If over \$100.00 cum	48628	vida.			Olimba Maria Sa	
		Employer			Click Here to	r Memo Itemization
Occupation		шиноует				
Business Address	¬					
Type of Contribution:	Direct	Loan from a person	₹	Fund Raiser		
Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date of I	Rece	bt 6-23-15		22
IRWIN F.	HAUFFE					
12 MILPOND	TEL				5/00°	\$
5AG(NAW) 5. If over \$100.00 cum	191 4560	→ vide:			Click Here for	Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution #4 Name & Address	PAC Receipt?	YES 4. Date of	Rece	ipt 6-29-15		
JOSEPH T.	COLLISO	N				
5811 COCON	TDR.N				\$ 100°E	
5AG(NGW) A 5. If over \$100.00 cum	11 4863	8			\$ 100	\$
5. If over \$100,00 cum	ilative, please pro	vide:			Official form for	
Occupation	300	Employer			Click Here for	Memo Itemization
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
				Page Subtotal	3000	
			Grz	and Total of All Schedules 1A	-112.50	\$
		(C		ete on last page of Schedule)	Fotos this to the	1
Page 4 of 5					Enter this total on line 3a of Summary Page.	



MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number ___

101733	
H00040037565	

CANDIDATE COMMITTEE

2. Committee Name (OYMINES TO SIST ROBERT KARL SHERIFF

Enter contributor's name and address of autility of the	
Enter contributor's name and address. If contribution is from an Individual, enter tast 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.	Election Cycle for Each Contributor (Through
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 2 / 1/2	date of receipt)
Name & Address:	
MARY E. KARL	
1895 HOTCHKISS	
SAGINAW MI 48689	\$ 1000 °S
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation RETIRET Employer	- Click nere for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 2-13-15	
PATOBRIEN	_
8195. WASHINGTON	ma 0.00
SAGINAW MI 48601	\$500° s
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
OccupationEmployer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7-25-15 Name & Address: BOB NIVEN	#?
SAGINAW MI	\$ 100°° s
5. If over \$190.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	1
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt	
Name & Address	- 91
	\$ \$
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 Ralser	
Page Subto	# 1600 °C
17.8 F 23.10	1600-
Grand Total of All Schedules 1 (Complete on last page of Schedul	a) [
	Enter this total on line 3a of Summary
Page 5 of 5	Page.

Page.

ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

101733
H00040037565

OARDIDATE COMMITTEE	2. Committee Name COMMITTEE TO SIFT ROBFOT KADE SHEELF
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1	
Name PETTY COSH	" 6/8/15 : 10 00
Address	Purpose: FUSL FOR CAR Date
	Click Here for Memo Itemization Type
Fund Reiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #2	
Name 100 CLUB OUTING	Purose: DISTOIRNE ELECT Date 110 00
Address	Purpose: DISTRIBUTE ELECTION Date MATERIAL
	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #3	- Control of Control o
Name REI HOLD PRINTING	././ .27
Address 5171 BLACKBEAK DR	Purpose: PAINT CARDS Date Date
SAGINAW MI	l.
Fund Raiser	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or abligation reported on previous
Expenditure #4	statement
Name A-T-5. PRINTING	
Address 220406RATTOT	6/18/15 : 355-10
MERRICL MI.	Purpose: POINT SUPPLES TUSHIRTS
	Click Here for Memo Itemization Type
Fund Reiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #5	
Name REIMOLD PRINTING	
Address 3/7/ BLACKBEAR DR SAGINAW MI	Purposa: BONNER #7 6/22/15 \$ 13250
SAGINAW MI	Uate Ust
Fund Raiser	Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous statement
	Subtotal this page 688 87
	Grand Total of all Schedules 1B (Complete on last page of Schedule)

Page / of 3

on line 8a of

Summary Page



ITEMIZED EXPENDITURES SCHEDULE 1B

101733

1. Committee I. D. Number 4000/003 756

2. Committee Name COMMITTEE TO ELECT ROBEST KARL SHEDIEF CANDIDATE COMMITTEE 3. Name and address of person or vendor to whom paid 4. Purpose (Required Information) 5. Date 6. Amount Expenditure #1 Name PETTY CASH Purpose: FUEL KOR CAO Address Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #2 4/27/15 s 185 50 Name REIH OLDS PRINTING Address 5171 BLACKBEARDR Purpose: PRINT 8FOOT BANNER SAGINAW M/ Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #3 Name PETTY CASH 3/21/15 : 600 Purpose: FUEL FOR CAR Address Click Here for Memo Itemization Type JCheck box if this expenditure is payment of debt or obligation reported on previous Fund Ralser statement Expenditure #4 Name JAGINAW 100 CLUB 128/15 : 100 Address Purpose: MOSTE VOIN Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #5 Name VARIOUS BUSINESFES 18/15 \$ 31 27 Address Purpose: SUPPLIE S Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous **Fund Raiser** statement Subtotal this page

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

Enter this total on line 8a of Summery Page

Page 2 of 3



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

101733 1. Committee I. D. Number 400040037565

2(Committee Name Committee To 21877 RO	REATKARL SHERIFF
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Amount
Expenditure #1		
Name REIMOLD PRINTING CO	••	2/13/15 : 13250
Address 5/7/ BLACKBEAR DR	Purpose: PRINT CARDS	Date
SAGTNAW MI	Click F	lere for Memo Itemization Type
	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on pravious statement	
Expenditure #2		
Name PETTY CASH		4/14/15:400
Address	Purpose: FUEL FOR CAR	Date
	Click H	lere for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #3		
Name REIMOLD PRINTING CO		11/1- 5
Address 5171 BLACKBEAR DR	Purpose: PRINT CARDS	4/14/15 \$ 79-50 Date
SAGINAW MI	·	ers for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #4		
Name PETTY CASH		
Address	Purpose: EUEL FOR CAR	4/B/5 \$ 60 00
	Click Ho	ere for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #5		
Name UPS STORE		
BAU ROAD		14/21/5 \$ 5 73
Name UPS STORE BAY ROAD Address SAGINAW MI	Purpose: COPY SUPPLIES	State 5 \$ 3
-	Click Hi	ere for Memo Itemization Type
Fund Ralser	Check box if this expenditure is payment of debt or obligation reported on previous statement	,,-
	Subtota	al this page 3/7-73
	Grand Total of all Si (Complete on last page of	
	,,	Enter this total

Page 3 of 3

on line 8a of Summary Page

NUMBER OR	DATE	A • AP-Automatic Payment • ATH-Cosh Withdrawal • DC-D TRANSACTION DESCRIPTION	PROMENT, WITHORAN	FEE,	/ DEPOS	IT,	\$ 890.	
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108	719	ATO PRIMAME	355	10			334	13
309	122	REIMILD BONDE # 2	132	50			201	43
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	Day Phi		barren.	al				
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302	1/2	Fuel	60	-			1662	Y3
3/2	1/29	MOHLS	72	98			1589	45
313	7/3	Colden Pout	352	73			1236	54
	/31	DEP. FROM FUNDAMISER			4787	-	6,023	50
314	1/4	ATS PRINTING	254	40			5769	14
315	1/6	FUEL / MANTENANCE		-	-	-	5669.	12

Reorder: www.bankofamerica.com/checks. Call: 1.800.652.1111 Business Customers: 1.800.234.8147

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

June 21, 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 Robert Karl, 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 <u>within 10 business days</u> of the date of this letter to the Bureau of Elections, Richard H. Austin Building, 1st Floor, 430 West Allegan Street, Lansing, Michigan 48918.

Sincerely, Low A Bombonan

Lori A. Bourbonais Bureau of Elections

Michigan Department of State

c: Robert Karl

2016 JUH-9 PH 3: 29 ELECTROS/GREAT SEAL

Dear Ms. Bourbonais,

Bureau of Elections

Michigan Department of State

I would like to thank you for pointing out the unintentional errors in my filed financial report, regarding my campaign for Sheriff of Saginaw County. Upon your notification of these errors, I did examine the report. I did find these errors and did exam the cause for their occurrence. My findings as to the reason why these errors occurred is purely unintentional clerical, oversight, and mislabeling of expenses. I can assure the State of Michigan that there was no intention to omit, underreport, or intention to be inaccurate regarding this report. As we spoke on the phone, I did advise that I would be filing an amended report as you recommended. Utilizing the extended period of time that you made me aware of, and that can be made available to me by the Bureau of Elections. I will amend this report AS SOON AS POSSIBLE within this time frame.

Thank you and with Great Regards,

Robert X. Karl

Rot X Karl

Candidate for Sheriff of Saginaw County



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

September 14, 2016

Robert X. Karl 1895 Hotchkiss Road Freeland, Michigan 48623

Dear Mr. Karl:

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 9, 2016, and Mr. Tomczyk did not file a rebuttal statement with the Department.

The MCFA prohibits a single expenditure from a petty cash fund greater than \$50.00. A person who violates this section is subject to a civil fine of 3 times the amount by which the expenditure exceeds \$50.00, up to \$1,000.00. MCL 169.223.

The Act 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 the cumulative totals on the summary page were blank, contribution received dates were omitted, the cumulative total for Pat O'Brian's contributions were omitted, street addresses for expenditures were omitted, an expenditure to Fed Ex should have been reported on your 2015 July campaign finance statement, and you charged several expenditures to petty cash exceeding the \$50.00 limit. Mr. Tomczyk further alleged that on your 2015 July campaign finance statement you failed to provide the occupation, employer, and business address for Pat O'Brien, you omitted

Robert X. Karl September 14, 2016 Page 2

the vendor address for 2 expenditures, and you charged 3 expenditures to petty cash exceeding the \$50.00 limit.

In your response you indicated that upon receipt of the complaint you examined your reports and found that the errors were "unintentional clerical" errors and due to oversight and the mislabeling of expenses. You asserted that you did not intend to omit or underreport contributions or expenditures, nor did you intentionally file inaccurate reports. You further indicated that you would be filing amended reports. However, as of this writing, you have not filed an amended report with the Saginaw County clerk's office, nor have you provided an amended report to this office.

The evidence provided does support a reason to believe that your original 2015 July and 2015 October campaign statements were incomplete or inaccurate in violation of section 33 of the Act. It also appears from the evidence provided to the Department that you made improper expenditures of petty cash in violation of section 23 of the Act. 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). Additionally, section 23 prohibits a candidate from making a single expenditure from a petty cash fund greater than \$50.00. MCL 169.223. A person who violates this section is subject to a civil fine of 3 times the amount by which the expenditure exceeds \$50.00, up to \$1,000.00. *Id*.

The Department now directs you to file your amended statements with the Saginaw County Clerk¹ 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 filings. Once you have filed your amended statement with the County Clerk and provided this evidence, the Department will consider this matter closed.

¹ 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).

Robert X. Karl September 14, 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,

Lori A. Bourbonais Bureau of Elections

Michigan Department of State

c: Joseph J. Tomczyk