



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,

A handwritten signature in black ink, appearing to read "Lori A. Bourbonais". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and 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 Robert X. Karl		
Mailing Address 5566 Baker Rd.		
City Bridgeport	State MI	Zip 48722

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

Section(s) of the MCFA violated: **Section 26(2) [MCL 169.226(2)]**

Explain how those sections were violated:

Summary Page: Column II (Cumulative this election cycle) is blank.

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

See Attached Exhibit, Exhibit Pages 2

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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 if more space is needed.)
--

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

Explain how those sections were violated:

Summary Page: The ending balance is reported as \$3,262.60. The Candidate included a copy of the Committee's check register with the report showing a balance as of October 20, 2015 of \$4,041.10 (difference \$778.50)

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

See Attached Exhibit, Exhibit Pages 2, 45, 47

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City 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 if more space is needed.)
--

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

Explain how those sections were violated:

Summary Page: The total receipts reported is \$4,900.60. The Candidate included a copy of the Committee's check register with the report showing total deposits between 7/21/2015 and 10/20/2015 of \$5,597.00 (difference \$697.00).

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

See Attached Exhibit, Exhibit Pages 2, 43-47

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Mailing Address PO Box 113		
City 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 if more space is needed.)
--

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

Explain how those sections were violated:

Summary Page: The total expenditures reported is \$3,464.03. The Candidate included a copy of the Committee's check register with the report 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 documents and other information):

See Attached Exhibit, Exhibit Pages 2, 43-47

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Mailing Address PO Box 113		
City 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 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 Sch. 1A: There are one hundred and thirty-four (134) individual contributions listed. One hundred and thirty (133) do not have a received date.

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

See Attached Exhibit, Exhibit Pages 3-36

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

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City 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 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 Sch. 1A: There are one hundred and thirty-four (134) individual contributions listed. None of them accumulate campaign cycle contributions. Analysis of 7/20/2015 & 10/20/2015 Campaign Reports show at least one person (Pat O'Brian) making a contribution in each of the report periods.

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

See Attached Exhibit, Exhibit Pages 3-36

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

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I allege that the MCFA was violated as follows:

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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.	
City	State	Zip
Bridgeport	MI	48722

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

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

Explain how those sections were violated:

Itemized Expenditures Sch. 1B: There are twenty-seven (27) expenditures listed.

None of them have a street address.

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

See Attached Exhibit, Exhibit Pages 37-42

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Name Robert X. Karl		
Mailing Address 5566 Baker Rd.		
City Bridgeport	State MI	Zip 48722

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:

Itemized Expenditures Sch. 1B: Expenditure to Fed Ex is dated 7/14/15. The check register enclosed with the report show a date 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 documents and other information):

See Attached Exhibit, Exhibit Page 37

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Name Robert X. Karl		
Mailing Address 5566 Baker Rd.		
City Bridgeport	State MI	Zip 48722

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

Section(s) of the MCFA violated: **Section 23 [MCL 169.223]**

Explain how those sections were violated:

Itemized Expenditures Sch. 1B: There are eight (8) expenditures charged to

Petty Cash exceeding \$50.00.

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

See Attached Exhibit, Exhibit Pages 37, 38, 39, & 41

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:

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).

X

Joseph J. Tomczyk
Signature of Complainant

5/2/2016
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

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From:

AUGUST to DECEMBER 2015

Committee I.D. Number

101733

4. Candidate Last Name

KARL

FILED
SAGINAW COUNTY
AUG 28 A 9:11 M.I.

4a. Office Sought including District # or Community Service (if applicable)
SAGINAW COUNTY SHERIFF

SUSAN K. REYNOLDS
COUNTY CLERK

4b. County of Residence

SAGINAW

BY DEPUTY CLERK

6. Treasurer's Name & Residential Address

CRAIG A. BEINS

5566 BAKER RD

BRIDGEPORT MI 48722

Area Code & Phone

989-274-8755

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

i. Committee's Mailing Address

5566 BAKER RD

BRIDGEPORT MI 48722

Area Code and Phone

989-746-9113

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.

f. Treasurer's Business Address

Area Code and Phone

Area Code and Phone

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☒ Primary
☐ General
☐ Convention
☐ Special
☐ School
☐ Caucus

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

- ☐ July Quarterly
☒ October Quarterly

9c. ☐ Annual Statement (2015)
Coverage Year

9d. ☐ Amendment to Campaign Statement
(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

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

7

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

Date of Election, Convention or Caucus

AUGUST 2016

0. 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

Type or Print Name

Signature

Date 10/26/15

Candidate ROBERT X. KARL

Type or Print Name

Signature

Date 10/26/15



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 101733

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name COMMITTEE TO ELECT ROBERT KARLSHERIFF

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>4900</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>4900</u>	(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.) \$	<u>4900</u>	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-1K, Column 7)	(6.) \$	<u>- 0 -</u>	(21.) \$
7. In-Kind Expenditures (Schedule 1B-1K, Column 6)	(7.) \$	<u>- 0 -</u>	(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>3464⁰³</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>3464⁰³</u>	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>- 0 -</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>- 0 -</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>- 0 -</u>	(24.) \$
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>- 0 -</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>- 0 -</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>1826⁶³</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>4900</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>6726⁶³</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>3464⁰³</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>3262⁶⁰</u>	

SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number

101733

2. Committee Name

COMMITTEE TO ELECT ROBERT KARL SHERIFF

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

Name & Address:

ROD IAMURRI

9509 BORNINGTREE

SAGINAW MI 48609

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

Occupation

Employer

\$ 100

\$

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

BARB BOGGESS

1745 S. ECKENEM

SAGINAW MI 48609

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

Occupation

Employer

\$ 40

\$

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:

CHAD REVELL

5258 S. GRAHAM

ST CHARLES MI 48655

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

Occupation

Employer

\$ 70

\$

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

BRIAN S. PENNINGTON JR

5640 WILLOWBROOK

SAGINAW MI 48638

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

Occupation

Employer

\$ 20

\$

Click Here for Memo Itemization

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

Page Subtotal

180

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

Enter this total on
line 3a of Summary
Page.

SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number

101733

2. Committee Name

COMMITTEE TO ELECT ROBERT KARL SHERIFF

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

Name & Address:

DEAN FLORA
2070 VAN WORMER
SAGINAW MI 48609

\$ 40

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:

AMY FOSS
13378 RING
ST. CHARLES MI 48655

\$ 40

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:

NANCY CLEARY
1375 COOLIDGE
SAGINAW MI 48638

\$ 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 #4

PAC Receipt?

☐ YES

4. Date of Receipt

Name & Address:

PAY FRASIK
1200 N. MADISON
BAY CITY MI 48705

\$ 40

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

140

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

Enter this total on
line 3a of Summary
Page.

SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number

101733

2. Committee Name

COMMITTEE TO ELECT ROBERT KARL SHERIFF

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

Name & Address:

DARREN DITENBER
8645 TIMBER TR
FREELAND MI 48623

\$ 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:

WILL WOLFERT
5437 OVERHILL
SAGINAW MI 48704

\$ 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 #3

PAC Receipt?

☐ YES

4. Date of Receipt

Name & Address:

RALPH WOLFERT
5437 OVERHILL
SAGINAW MI 48604

\$ 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 #4

PAC Receipt?

☐ YES

4. Date of Receipt

Name & Address:

HERB KREAGER
3046 CAROLTON
SAGINAW MI 48604

\$ 100

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

160

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

Enter this total on
line 3a of Summary
Page.

SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee ID Number 101733

2. Committee Name COMMITTEE TO ELECT ROBERT KARL SHENIFF

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

Name & Address:

AMANDA LOCKWOOD
1886 N. GRAHAM
FREELAND MI 48623

\$ 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
FREELAND MI 48623

\$ 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 #3 PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address:

MAYNARD LOCKWOOD
1886 N. GRAHAM
FREELAND MI 48623

\$ 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 #4 PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address

BARB HANSTAD
5023 MAYBROOK
JAGINAW MI 48603

\$ 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

Page Subtotal

80

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

Enter this total on
line 3a of Summary
Page.

SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee LD. Number 101733

2. Committee Name COMMITTEE TO ELECT ROBERT KARL SHERRIFF

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 date of receipt)

3. Contribution #1

PAC Receipt?

☐ YES

4. Date of Receipt

Name & Address:

LYNN BAILEY
5023 MYBROOKSH
SAGINAW MI 48603

\$ 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:

TRISH MUEHLER
9525 SWAN VALLEY
SAGINAW MI 48609

\$ 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 #3

PAC Receipt?

☐ YES

4. Date of Receipt

Name & Address:

MF MUEHLER
9525 SWAN VALLEY
SAGINAW MI 48609

\$ 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 #4

PAC Receipt?

☐ YES

4. Date of Receipt

Name & Address:

KIM DITENBER
8645 TIMBER TR
FRESNO MI 48623

\$ 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

Page Subtotal

140

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

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line 3a of Summary
Page.

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 101733
2. Committee Name COMMITTEE TO ELECT ROBERT KARL SHERIFF

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

Name & Address:

MARY NOONAK
S. RIVER
SAGINAW MI 48609

\$ 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:

LARRY NOONAK
S. RIVER
SAGINAW MI 48609

\$ 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 #3 PAC Receipt? ☐ YES 4. Date of Receipt

Name & Address:

DON BLODGETT
1548 OSBORN
SAGINAW MI 48602

\$ 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 #4 PAC Receipt? ☐ YES 4. Date of Receipt

Name & Address:

KATHY BLODGETT
1548 OSBORN
SAGINAW MI 48602

\$ 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

Page Subtotal

80

Grand Total of All Schedules 1A
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SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 101733

2. Committee Name COMMITTEE TO ELECT ROBERT KARL SHERIFF

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? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>JOHN BESAW</u> <u>4313 S. WAYSIDE</u> <u>SAGINAW MI 48603</u>		\$ <u>20</u>	\$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>SHARON BESAW</u> <u>4313 S. WAYSIDE</u> <u>SAGINAW MI 48603</u>		\$ <u>20</u>	\$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>AL HARVEY III</u> <u>508 HEDROSSI</u> <u>SAGINAW MI 48603</u>		\$ <u>200</u>	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER SARGE HARVEY</u> ^{FD-400} Employer _____		Click Here for Memo Itemization	
Business Address <u>4313 S. WAYSIDE SAGINAW MI 48603</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>DEBRA PALMER</u> <u>4711 BUTCHFIELD DR</u> <u>SAGINAW MI 48638</u>		\$ <u>20</u>	\$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal

260

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

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 101733

2. Committee Name COMMITTEE TO ELECT ROBERT KARL SHERIFF

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name & Address: <u>GARY SHANNON</u> <u>10726 CARTER</u> <u>FREELAND MI 48623</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>20</u>	
		Click Here for Memo Itemization	
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name & Address: <u>KEBECCA SHANNON</u> <u>10726 CARTER</u> <u>FREELAND MI 48623</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>20</u>	
		Click Here for Memo Itemization	
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name & Address: <u>SUE GATZA</u> <u>4224 WOODVIEW EAST</u> <u>SAGINAW MI 48603</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>20</u>	
		Click Here for Memo Itemization	
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name & Address: <u>GARY GATZA</u> <u>4224 WOODVIEW EAST</u> <u>SAGINAW MI 48603</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>20</u>	
		Click Here for Memo Itemization	

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line 3a of Summary
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SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee ID. Number

101733

2. Committee Name

COMMITTEE TO ELECT ROBERT KARL SHERRIFF

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

Name & Address:

PATTI BEINS
BELC RD
SAGINAW MI 48605

\$ 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:

CARLE BEINS
5566 BAKER
BRIDGEPORT MI 48722

\$ 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 #3

PAC Receipt?

☐ YES

4. Date of Receipt

Name & Address:

DARLENE CAMP
5566 BAKER
BRIDGEPORT MI 48722

\$ 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 #4

PAC Receipt?

☐ YES

4. Date of Receipt

Name & Address:

ROY WACTON
7675 LAURIA LN
SAGINAW MI 48609

\$ 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

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line 3a of Summary
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SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number

101733

2. Committee Name

COMMITTEE TO ELECT ROBERT KARL SHERIFF

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

Name & Address:

BOB KESSEL
20 LOMBARDEN
SAGINAW MI 48603

\$ 100

\$

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:

KURT MAKAREWICZ
1887 THUNDERALD
SAGINAW MI 48609

\$ 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 #3

PAC Receipt?

☐ YES

4. Date of Receipt

Name & Address:

BILL PRINGLE
1046 PASSOLT
SAGINAW MI 48602

\$ 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 #4

PAC Receipt?

☐ YES

4. Date of Receipt

Name & Address:

C. BEINSUR
2880 BELL
SAGINAW MI 48605

\$ 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

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160

Grand Total of All Schedules 1A
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line 3a of Summary
Page.

SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number

101733

2. Committee Name

COMMITTEE TO ELECT ROBERT KARL SHERIFF

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

Name & Address:

VINCE CASTELLANOS
1865 HOYCHKISS RD
FREETOWN MI 48623

\$ 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:

WILLIAM M. DOMINGUEZ
PO BOX 5826
SAGINAW MI 48603

\$ 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 #3

PAC Receipt?

☐ YES

4. Date of Receipt

Name & Address:

RICK MAXA
4200 VICKHURST
CHESSING MI 48616

\$ 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 #4

PAC Receipt?

☐ YES

4. Date of Receipt

Name & Address:

TOM QUARDEREE
16708 LINCOLN
CHESSING MI 48616

\$ 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

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SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee ID Number

101733

2. Committee Name

COMMITTEE TO ELECT ROBERT KARL SHERIFF

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

Name & Address:

ANGELA DESROSE
6729 GENTON DR
SAGINAW MI 48603

\$ 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:

TERRY KLEIN
11785 WAHL
ST CHARLES MI 48655

\$ 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 #3

PAC Receipt?

YES

4. Date of Receipt

Name & Address:

MARY KLEIN
11785 WAHL
ST CHARLES MI 48655

\$ 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 #4

PAC Receipt?

YES

4. Date of Receipt

Name & Address:

KARLA CASTELLANOS
1865 HOTCHKISS
FREELAND MI 48623

\$ 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

Page Subtotal

80

Grand Total of All Schedules 1A
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SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number

101733

2. Committee Name

COMMITTEE TO ELECT ROBERT KARL SHERIFF

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

Name & Address:

JULIE KETIN
5790 LAWNDALE
SAGINAW MI 48604

\$ 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:

BETTY MILLER
1787 N. MILLER RD
SAGINAW MI 48609

\$ 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 #3

PAC Receipt?

☐ YES

4. Date of Receipt

Name & Address:

RL VRONDER
1787 N. MILLER
SAGINAW MI 48609

\$ 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 #4

PAC Receipt?

☐ YES

4. Date of Receipt

Name & Address:

MICHELE DESTONE
6229 CENTER
SAGINAW MI 48603

\$ 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

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80

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SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee ID Number

101733

2. Committee Name

COMMITTEE TO ELECT ROBERT KARL SHERIFF

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

Name & Address:

SUZIE MCCORMEN
1853 COOLIDGE
SAGINAW MI 48638

\$ 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:

JOHN MCCORMEN
1853 COOLIDGE
SAGINAW MI 48638

\$ 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 #3

PAC Receipt?

☐ YES

4. Date of Receipt

Name & Address:

DEANA DOBLE
7325 EMERALD
SAGINAW MI 48609

\$ 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 #4

PAC Receipt?

☐ YES

4. Date of Receipt

Name & Address:

BILL THUGS
7325 EMERALD
SAGINAW MI 48609

\$ 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

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SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number

101733

2. Committee Name

COMMITTEE TO ELECT ROBERT KARL SHERIFF

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

Name & Address:

TOM SEADER
12362 NORTHWAY

FREELAND MI 48623

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

GARRETT SPANER

533 E. DAWN DR

FREELAND MI 48623

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:

ISABEL KAIN

5790 LAWNDALE

SAGINAW MI 48604

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

DAVID KAIN

5790 LAWNDALE

SAGINAW MI 48604

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

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Page.

SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee ID Number 101733
 2. Committee Name COMMITTEE TO ELECT ROBERT KARL SHERIFF

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

Name & Address:

MIKETYRA

345 S. MIDLAND RD

MERRILL MI 48637

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

Occupation

Employer

\$ 20

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

JANTYRA

345 S. MIDLAND

MERRILL MI 48637

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

Occupation

Employer

\$ 20

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:

TIM CORBIN

4279 WOODSEDE

SAGINAW MI 48603

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

Occupation

Employer

\$ 20

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

MICHAEL MADON

5376 WILLOW BEND

ALMA MI 48801

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

Occupation

Employer

\$ 20

Click Here for Memo Itemization

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

Page Subtotal

80

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

Enter this total on
line 3a of Summary
Page.

**SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee LD. Number 101733

2. Committee Name COMMITTEE TO ELECT ROBERT KARL SHERIFF

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

Name & Address:

CRIG TUBEO
210 N. 2ND
COLEMAN MI 48618

\$ 40 \$

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:

JIM SOULTZ
3314 UCT
BAY CITY MI 48706

\$ 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 #3 PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address:

RENEE STAVELY
155 CROWELL DR
SAGINAW MI 48609

\$ 70 \$

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:

JASON STANLEY
155 CROWELL
SAGINAW MI 48609

\$ 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

Page Subtotal

80

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

Enter this total on
line 3a of Summary
Page.

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**SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 101733
2. Committee Name COMMITTEE TO ELECT ROBERT KARL SHERIFF

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

Name & Address:

JAMES SCOTT
3478 STUDD
SAGINAW MI 48601

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

Occupation _____ Employer _____

Business Address _____

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

\$ 20 \$ _____

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address:

SAMUEL BOTT KAMP
5823 AM BREADOR RDOT 1
SAGINAW MI 48603

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

Occupation _____ Employer _____

Business Address _____

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

\$ 20 \$ _____

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address:

ERIK A GULDI
4041 GRANGE HALL
HOLLY MI 48442

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

Occupation _____ Employer _____

Business Address _____

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

\$ 20 \$ _____

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address:

THOMAS EATKA
2499 E. STANLEY
MT MORRIS MI 48458

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

Occupation _____ Employer _____

Business Address _____

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

\$ 20 \$ _____

[Click Here for Memo Itemization](#)

Page Subtotal

80

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

Enter this total on
line 3a of Summary
Page.

**SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 101733

2. Committee Name COMMITTEE TO ELECT ROBERT KARL SHAFER

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

Name & Address:

JACKIE EVASON
1218 CHERRY VALLE
WILLIAMSTON MI 48895

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

Occupation V.P.

Employer VISA-LANSING

Business Address LANSING MI

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

\$ 1000

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address:

JEAN BEERMAN
1913 HOTCHKISS RD
FREELAND MI 48623

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

Occupation

Employer

Business Address:

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

\$ 20

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address:

JEAN BEERMAN
1913 HOTCHKISS
FREELAND MI 48623

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

Occupation

Employer

Business Address:

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

\$ 20

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address:

JOE BOSSEDET
10315 ELMS
BIRCH RUN MI 48415

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

Occupation

Employer

Business Address:

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

\$ 20

[Click Here for Memo Itemization](#)

Page Subtotal

1060

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

Enter this total on
line 3a of Summary
Page.

**SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee ID Number 101733
2. Committee Name COMMITTEE TO ELECT ROBERT KARL SHERIFF

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

Name & Address:

G. C. DEIF
8485 JAMES
SAGINAW MI 48601

\$ 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:

RALPH BUEGGIA
1339 TRUIT
SAGINAW MI 48638

\$ 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 #3 PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address:

BUD BAILEY
1845 BENTLEY
BENTLEY MI 48613

\$ 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 #4 PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address:

GREYHAN BAILEY
1845 BENTLEY
BENTLEY MI 48613

\$ 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

Page Subtotal

80

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

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line 3a of Summary
Page.

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**SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 101733
2. Committee Name COMMITTEE TO ELECT ROBERT KARL SHAFER

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

Name & Address:

RYAN ROUSSEAU
11870 SCOTT
FREELAND 48613

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt

Name & Address:

JACOBAN HASON
1943 BACKWAY
SAGINAW MI 48602

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt

Name & Address:

STEVE REED
2450 VEAN
SAGINAW MI 48603

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt

Name & Address:

ROXANN REED
2450 VEAN
SAGINAW MI 48603

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

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal

80

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

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line 3a of Summary
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SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee ID. Number 101733
2. Committee Name COMMITTEE TO ELECT A BETTER KARL SHERIFF

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

Name & Address:

BONNIE KREBERT
1539 BEACH
SAGINAW MI 48602

\$ 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:

BILL HEWITT
701 CENTER
BAY CITY MI 48708

\$ 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 #3 PAC Receipt? ☐ YES 4. Date of Receipt

Name & Address:

HERB SIMPSON
3755 HACKETT
SAGINAW MI 48603

\$ 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 #4 PAC Receipt? ☐ YES 4. Date of Receipt

Name & Address:

DOANE COMARU
2814 DUNKIRK
SAGINAW MI 48603

\$ 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

Page Subtotal

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

80

Enter this total on
line 3a of Summary
Page.

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**SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 101733
2. Committee Name COMMITTEE TO SUPPORT REBECCA CUSACK

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial, and address. If contribution is from a corporation or other organization, enter name and address.

3. Contribution #1 PAC Receipt? ☐ YES 4. Date of Receipt _____ date of receipt)
Name & Address:
DAN SCHUCHTER
11830 SPENCER
SAGINAW MI 48609
5. If over \$100.00 cumulative, please provide: \$ 20 \$ _____

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt _____
Name & Address:
HILTON SCHUCHTER
11830 SPENCER
SAGINAW MI 48609
5. If over \$100.00 cumulative, please provide: \$ 20 \$ _____
Click Here for Memo Itemization

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt _____
Name & Address:
HANNAH WILLARD
4622 SHATUCK
SAGINAW MI 48603
5. If over \$100.00 cumulative, please provide: \$ 20 \$ _____
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:
STEVE FAIRBEE
1539 BETH
SAGINAW MI 48602
5. If over \$100.00 cumulative, please provide: \$ 20 \$ _____
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal 80
Grand Total of All Schedules 1A.
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.

SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 101733

2. Committee Name COMMITTEE TO ELECT ROBERT KARL SHERRIFF

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>BARRY BURNS</u> <u>PO BOX 251</u> <u>CARROLLTON MI 48724</u>			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		\$ <u>20</u>	\$ _____
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>JANET HAXA</u> <u>4200 VOCKMER</u> <u>CHESANING MI 48616</u>			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		\$ <u>20</u>	\$ _____
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>ROXANN KALSKI</u> <u>5360 ROSEDALE</u> <u>SAGINAW MI 48638</u>			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		\$ <u>20</u>	\$ _____
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>MELINDA MCCOY</u> <u>453 HUNTER</u> <u>SAGINAW MI 48607</u>			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____		\$ <u>20</u>	\$ _____
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

80

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

Enter this total on
line 3a of Summary
Page.

SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee ID. Number 101733

2. Committee Name COMMITTEE TO ELECT ROBERT RAOUL SHERIFF

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

Name & Address:

MARK WALKOWSKI
9393 S RAUCHOLZ
ST CHARLES 48655

\$ 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:

TAMMI MATTHELS
1405 HOULIHAN RD
SAGINAW MI 48601

\$ 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 #3 PAC Receipt? ☐ YES 4. Date of Receipt

Name & Address:

TAMMI MATTHELS
1405 HOULIHAN
SAGINAW MI 48601

\$ 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 #4 PAC Receipt? ☐ YES 4. Date of Receipt

Name & Address:

JOHN BOENS
PO BOX 251
CARACHTON MI 48724

\$ 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

Page Subtotal

80

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

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line 3a of Summary
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SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 101733

2. Committee Name COMMITTEE TO ELECT ROBERT RAO SHERIFF

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name & Address:</p> <p><u>LINDA ENEDE</u> <u>8671 OLYRN</u> <u>SAGINAW MI 48609</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>20</u>	
		Click Here for Memo Itemization	
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name & Address:</p> <p><u>WILLIE HADZ</u> <u>3797 ETON PL</u> <u>SAGINAW MI 48603</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>20</u>	
		Click Here for Memo Itemization	
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name & Address:</p> <p><u>DAVID KRANCISHINA</u> <u>1629 W GERMAN</u> <u>BAY CITY MI 48708</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>20</u>	
		Click Here for Memo Itemization	
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name & Address:</p> <p><u>GARY GATZA</u> <u>4224 WOODVIEWE</u> <u>SAGINAW MI 48603</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>40</u>	
		Click Here for Memo Itemization	

Page Subtotal 100

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

Enter this total on
line 3a of Summary
Page.

SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 101733

2. Committee Name COMMITTEE TO ELECT ROBERT KARL SHRIFF

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? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>JOHN VON DALE</u> <u>8765 TIMBER TR</u> <u>SAGINAW MI 48603</u>		\$ <u>20</u>	\$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>JOHN VON DALE</u> <u>8765 TIMBER TR</u> <u>SAGINAW MI 48603</u>		\$ <u>40</u>	\$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>JANE DESHORE</u> <u>2403 HILL ROAD</u> <u>SAGINAW MI 48603</u>		\$ <u>20</u>	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>BILL WARE</u> <u>12360 FROST</u> <u>HEMLOCK MI 48620</u>		\$ <u>20</u>	\$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal

100

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

Enter this total on
line 3a of Summary
Page.

SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 101733

2. Committee Name COMMITTEE TO ELECT ROBERT V. AL SHEDIFF

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? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>PAT O'BRYEN</u> <u>5147 DUNDIE</u> <u>SAGINAW MI 48603</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____		\$ <u>160</u>	\$ _____
Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>LINDA BECK</u> <u>3388 N. CHASTY WAY</u> <u>SAGINAW MI 48603</u>			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		\$ <u>20</u>	\$ _____
Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>JEREMIAH TIETZ</u> <u>6790 DORWOOD</u> <u>SAGINAW MI 48601</u>			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		\$ <u>20</u>	\$ _____
Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>KATE TIETZ</u> <u>6790 DORWOOD</u> <u>SAGINAW MI 48601</u>			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		\$ <u>20</u>	\$ _____
Business Address _____		Click Here for Memo Itemization	
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal

220

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

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line 3a of Summary
Page.

SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number

101733
CHANGE TO SPCY ROBERT K. B. L. SAGINAW

2. Committee Name

/

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report 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

Name & Address:

RUTH COOK
3419 PASADENA
SAGINAW MI 48603

\$ 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:

JULIE BELFREY
1830 LEMOORE
SAGINAW MI 48602

\$ 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 #3 PAC Receipt? ☐ YES 4. Date of Receipt

Name & Address:

PAT WORTZEL
2880 WORTZEL DR
FREETOWN 48623

\$ 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 #4 PAC Receipt? ☐ YES 4. Date of Receipt

Name & Address:

JOHN VANDEALE
8765 TIMBERTR
SAGINAW MI 48603

\$ 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

Page Subtotal

80

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

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line 3a of Summary
Page.

SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 101733

2. Committee Name COMMITTEE TO ELECT ROBERT KARL SHEPHERD

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? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>JULIE LYBOLD</u> <u>2114 5TH</u> <u>BAY CITY MI 48708</u>			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>20</u>	\$ _____
		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>JOYCE PETRIE</u> <u>2933 SHATTUCKVILLE</u> <u>SAGINAW MI 48603</u>			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>20</u>	\$ _____
		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>SCOTT KAENTINE</u> <u>1613 KING</u> <u>SAGINAW MI 48602</u>			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>20</u>	\$ _____
		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>BOB MITCHELL</u> <u>191 SYDNIK DR</u> <u>SAGINAW MI 48609</u>			
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>20</u>	\$ _____
		Click Here for Memo Itemization	

Page Subtotal

80

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

Enter this total on
line 3a of Summary
Page.

SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 101733

2. Committee Name COMMITTEE TO ELECT ROBERT KARL STEIFFE

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 7-30-15

Name & Address:

CHARLIE ROGGENBECK
305 N. CENTER
SAGINAW MI 48638

\$ 100 \$

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:

LORI MENARD
6745 STROEBEL
SAGINAW MI 48609

\$ 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 #3 PAC Receipt? ☐ YES

4. Date of Receipt _____

Name & Address:

GREG MENARD
6745 STROEBEL
SAGINAW MI 48609

\$ 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 #4 PAC Receipt? ☐ YES

4. Date of Receipt _____

Name & Address:

JAN LEROUX
300 GOLFERS
SAGINAW MI 48603

\$ 100
40 \$

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

240

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

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line 3a of Summary
Page.

SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee ID Number _____

2. Committee Name _____

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7-30-15</u>	
Name & Address: <u>BARRY NELSON</u> <u>2808 DINMORE</u> <u>SAGINAW MI 48603</u>		\$ <u>100</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7-30-15</u>	
Name & Address: <u>JENNIFER FILA</u> <u>2680 CHEYENNE</u> <u>SAGINAW MI 48603</u>		\$ <u>20</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address: <u>KARA HEDWORTH</u> <u>4037 N. THOMAS</u> <u>FREELAND MI 48623</u>		\$ <u>20</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address: <u>JULIE BANK</u> <u>305 N CENTER</u> <u>SAGINAW MI 48638</u>		\$ <u>20</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

160

Grand Total of All Schedules 1A
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line 3a of Summary
Page.

SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 101733

2. Committee Name COMMITTEE TO ELECT ROBERT KARL SHERIFF

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

Name & Address:

DEVIN CAMPBELL
11315 AMBER CT
FREELAND MI 48623

\$ 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:

KAREN DORVIS
2573 VALLEY DR
SAGINAW MI 48603

\$ 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 #3 PAC Receipt? ☐ YES 4. Date of Receipt

Name & Address:

L. SIORED
7550 DUTCH R
SAGINAW MI 48609

\$ 40

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:

DOUGLAS R. HOLTZ
3708 LONLHAVEN DR
GLENDALE PA 15116

\$ 100

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

180

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

1. Committee I.D. Number 101733

2. Committee Name COMMITTEE TO ELECT ROBERT KAD SHEPFF

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

Name & Address:

DELORES E. PAYNE
7102 GALESVILLE PL
ANNANDALE VA 22003

\$ 100

\$

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 #2 PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address:

LYNDA HEATHSCOTT
SAGINAW MI

\$ 100

\$

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:

\$

\$

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 #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

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

4900

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 101733

2. Committee Name COMMITTEE TO ELECT ROBERT KAOL SHEPHERD

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>FED EX</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>MAIL "T" SHIRTS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/14/15</u> Date	<u>\$ 29²⁰</u>
Expenditure #2 Name <u>FUEL - PETTY CASH</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>FUEL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/27/15</u> Date	<u>\$ 60⁰⁰</u>
Expenditure #3 Name <u>KOHL'S</u> Address <u>SAGINAW TWP</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PURCHASE PANTS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/29/15</u> Date	<u>\$ 72⁹⁸</u>
Expenditure #4 Name <u>GORDON'S FOODS</u> Address <u>SAGINAW TWP</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FOOD FOR FUNDRAISER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/30/15</u> Date	<u>\$ 352⁹³</u>
Expenditure #5 Name <u>A.T.S. PRINTING</u> Address <u>MERRILL MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SHIRTS - CAPS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/4/15</u> Date	<u>\$ 254⁴⁰</u>
Subtotal this page			<u>769⁵¹</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 101733

2. Committee Name COMMITTEE TO ELECT ROBERT KARL SHERIFF

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>PETTY CASH</u> Address <input type="checkbox"/> Fund Raiser	Purpose: <u>FUEL/MAINTENANCE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/6/15</u> Date	\$ <u>100⁰⁰</u>
Expenditure #2 Name <u>PETTY CASH</u> Address <input type="checkbox"/> Fund Raiser	Purpose: <u>FOOD/FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/7/15</u> Date	\$ <u>70⁰⁰</u>
Expenditure #3 Name <u>PETTY CASH</u> Address <input type="checkbox"/> Fund Raiser	Purpose: <u>FUEL/FOOD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/18/15</u> Date	\$ <u>150⁰⁰</u>
Expenditure #4 Name <u>AMERICAN LEGION CLUB</u> Address <u>SARON CHESANING MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>JOIN.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/22/15</u> Date	\$ <u>15⁰⁰</u>
Expenditure #5 Name <u>PETTY CASH</u> Address <input type="checkbox"/> Fund Raiser	Purpose: <u>FUEL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/26/15</u> Date	\$ <u>60⁰⁰</u>
Subtotal this page			<u>395⁰⁰</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee L. D. Number 101733

2. Committee Name COMMITTEE TO ELECT ROBERT KARL SHERIFF

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>PETTY CASH</u> Address <input type="checkbox"/> Fund Raiser	Purpose: <u>FUEL/FOOD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/2/15</u> Date	<u>\$ 65⁰⁰</u>
Expenditure #2 Name <u>SAGINAW CO. REC FOR</u> Address <input type="checkbox"/> Fund Raiser	Purpose: <u>REC FOR ELECTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/2/15</u> Date	<u>\$ 100⁰⁰</u>
Expenditure #3 Name <u>FRATERNAL ORDER OF POLICE</u> Address <u>SAGINAW MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FEES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/8/15</u> Date	<u>\$ 60⁰⁰</u>
Expenditure #4 Name <u>K ONDA</u> Address <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISEMENT PREMIUM AWARD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/9/15</u> Date	<u>\$ 200⁰⁰</u>
Expenditure #5 Name <u>PETTY CASH</u> Address <input type="checkbox"/> Fund Raiser	Purpose: <u>FUEL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/9/15</u> Date	<u>\$ 50⁰⁰</u>
Subtotal this page			<u>475⁰⁰</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

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on line 8a of
Summary Page

SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 101733
2. Committee Name COMMITTEE TO ELECT ROBERT KARL SHERIFF

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<p>Expenditure #1</p> <p>Payee: <u>A.T.S.</u></p> <p>Address: <u>MERRILL MI</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>Purpose: <u>BUY SHIRTS HATS</u></p> <p>Click Here for Memo Itemization Type</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>9/9/15</u></p> <p>Date</p>	<p><u>\$349.80</u></p>
<p>Expenditure #2</p> <p>Payee: <u>PETTY CASH</u></p> <p>Address:</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>Purpose: <u>FUEL</u></p> <p>Click Here for Memo Itemization Type</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>9/17/15</u></p> <p>Date</p>	<p><u>\$50.00</u></p>
<p>Expenditure #3</p> <p>Payee: <u>S.V.A.A</u></p> <p>Address:</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>Purpose: <u>FOR FUNDRAISER</u></p> <p>Click Here for Memo Itemization Type</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>9/19/15</u></p> <p>Date</p>	<p><u>\$200.00</u></p>
<p>Expenditure #4</p> <p>Payee: <u>K. ONDA</u></p> <p>Address: <u>SAGINAW MI</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>Purpose: <u>ADVERTISEMENT</u></p> <p>Click Here for Memo Itemization Type</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>9/21/15</u></p> <p>Date</p>	<p><u>\$120.00</u></p>
<p>Expenditure #5</p> <p>Payee: <u>PETTY CASH</u></p> <p>Address:</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>Purpose: <u>FUEL</u></p> <p>Click Here for Memo Itemization Type</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>9/23/15</u></p> <p>Date</p>	<p><u>\$50.00</u></p>

Subtotal this page

769.80

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

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on line 8a of
Summary Page

**SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 101733

2. Committee Name COMMITTEE TO ELECT ROBERT KARL SHERIFF

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<p>Expenditure #1</p> <p>Name: <u>AT'S REIMBOLD</u></p> <p>Address: <u>HEARDEN HI</u> <u>SAGINAW HI</u></p> <p><input type="checkbox"/> Fund Balance</p>	<p>Purpose: <u>2 BANNERS</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>10/4/15</u></p> <p>Date</p>	<p><u>\$ 199²²</u></p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #2</p> <p>Name: <u>PETTY CASH</u></p> <p>Address:</p> <p><input type="checkbox"/> Fund Balance</p>	<p>Purpose: <u>FUEL/FOOD</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>10/6/15</u></p> <p>Date</p>	<p><u>\$ 60⁰⁰</u></p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #3</p> <p>Name: <u>PETTY CASH</u></p> <p>Address:</p> <p><input type="checkbox"/> Fund Balance</p>	<p>Purpose: <u>FUEL/FOOD</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>10/7/15</u></p> <p>Date</p>	<p><u>\$ 50⁰⁰</u></p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #4</p> <p>Name: <u>PETTY CASH</u></p> <p>Address:</p> <p><input type="checkbox"/> Fund Balance</p>	<p>Purpose: <u>FUEL/FOOD</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>10/14/15</u></p> <p>Date</p>	<p><u>\$ 60⁰⁰</u></p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #5</p> <p>Name: <u>PETTY CASH</u></p> <p>Address:</p> <p><input type="checkbox"/> Fund Balance</p>	<p>Purpose: <u>FUEL/FOOD</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>10/15/15</u></p> <p>Date</p>	<p><u>\$ 50⁰⁰</u></p> <p>Click Here for Memo Itemization Type</p>

Subtotal this page

418²²

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

Enter this total
on line 8a of
Summary Page

Page 5 of 6

**SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 101733

2. Committee Name COMMITTEE TO ELECT ROBERT KARL SHERIFF

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<p>Expenditure #1</p> <p>Name: <u>A.T.S. PRINTING</u></p> <p>Address: <u>MERRILL MI</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>SHIRTS</u></p> <p>Purpose: <u>BUY HATS-STICKERS</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>10/22/15</u></p> <p>Date</p>	<p><u>\$ 556.50</u></p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #2</p> <p>Name: <u>K. ONDA</u></p> <p>Address: <u>SAGINAW MI</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>ADVERTISEMENTS</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>10/21/15</u></p> <p>Date</p>	<p><u>\$ 80.00</u></p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #3</p> <p>Name:</p> <p>Address:</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose:</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>Date</p>	<p>\$</p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #4</p> <p>Name:</p> <p>Address:</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose:</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>Date</p>	<p>\$</p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #5</p> <p>Name:</p> <p>Address:</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose:</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>Date</p>	<p>\$</p> <p>Click Here for Memo Itemization Type</p>

Subtotal this page

636.50

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

3464.03

Enter this total
on line 8a of
Summary Page

AD - Automatic Deposit • AP - Automatic Payment • ATM - Cash Withdrawal • DC - Debit Card • FT - Funds Transfer • SC - Service Charge • TD - Tax Deductible

NUMBER OR CODE	DATE	TRANSACTION DESCRIPTION	PAYMENT, FEE, WITHDRAWAL (\$)	✓	DEPOSIT, CREDIT (+)	\$ 890.50
	7/8	PETTY CASH (FUEL)	60	-		830 50
306	7/11	100 CLUB OUTING	110	-		720 50
307	7/17	REIMBOLD FLYERS	31	27		689 23
308	7/19	ATS PRINTING	355	10		334 13
309	7/22	REIMBOLD - DINNER #2	132	50		201 63
	7/27	DEP. DONATED CKS			1550 -	1751 63

310	7/14	FED EX MAIL T-SHIRTS	29	20		1722 43
311	7/27	FUEL	60	-		1662 43
312	7/29	KOHL'S PANTS	72	98		1589 45
313	7/30	COBAN. FOOD	352	93		1236 52
	7/31	DEP. FROM FUNDRAISER			4787 -	6,023 52
314	8/4	ATS PRINTING	254	40		5769 12
315	8/6	FUEL / MAINTENANCE	100	-		5669 12

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.

AD - Automatic Deposit • AP - Automatic Payment • ATM - Cash Withdrawal • DC - Debit Card • FT - Funds Transfer • SC - Service Charge • TD - Tax Deductible

NUMBER OR CODE	DATE	TRANSACTION DESCRIPTION	PAYMENT, FEE, WITHDRAWAL (-)	/	DEPOSIT, CREDIT (+)	
	8/6	DEP. FROM FUNDRAISER			620 -	\$ 5669.12
316	8/7	CASH FEES / FOOD	70 -			6289.12
317	8/18	CASH FUEL / PAY BACK / FOOD	150 -			6069.12
319	8/19	K ONDA	480 -			5589.12
318	8/22	AMERICAN LEGION SQ. 212	15 -			5574.12
320	8/24	FOOD / FUEL	60 -			5514.12
321	9/2	FUEL / FOOD	65 -			5449.12
322	9/2	SAG. COUNTY REG. FOR ELECTION	100 -			5349.12
323	9/8	FOP FEES	60 -			5289.12
324	9/9	K? ONDA? PREMIUMS ANNUAL STATE	200 -			5089.12
202 T	9/9	PETTY CASH	50 -			5039.12
203 T	9/9	A.T.S. SHARES	349 80		+	4689.32
325	9/17	CASH FUEL / FOOD	50 -			4639.32

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.

AD-Automatic Deposit • AP-Automatic Payment • ATM-Cash Withdrawal • DC-Debit Card • FT-Funds Transfer • SC-Service Charge • TD-Tax Deductible

NUMBER OR CODE	DATE	TRANSACTION DESCRIPTION	PAYMENT, FEE, WITHDRAWAL (-)	✓	DEPOSIT, CREDIT (+)		
326	9/19	SV.AA SAG. FMR FUNDRAISER-2 NC.	200 -			\$4639.32	32
327	9/21	K ONDA FUNDRAISER AD	120 -			4439	32
328	9/23	CASH FUEL / FMD	50 -			4269	32
329	10/1	DEP. FROM FUNDRAISER			140 -	4409	32
	10/4	REIMBOLD 2 BANNER-5'	198 22			4211	10
330	9/6	CASH / FUEL / FMD	60 -			4151	10
331	9/7	CASH FUEL / FMD	50 -			4101	10
	9/12	DEPOSIT CK			50 -	4151	10
332	9/14	CASH FUEL	60 -			4081	10
333	9/15	CASH FUEL	50 -			4041	10
334	10/21	ATS PRINTING SHIRT / HATS / STICKERS	58 50			3984	60
335	10/21	K-ONDA	80 -			3904	60

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

For added security, your

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	6/22	RETMOLD-BANNER #2	132.50		201.63
	7/7	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	KOHL'S-PANTS	72.98		1,589.45
313	7/30	GORDON FOOD	352.93		1,236.52
		DEPOSIT FROM			
	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	9/9	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)	<u>3,464.03</u>	<u>4,900.00</u>	
		DIFFERENCE	<u>-185.70</u>	<u>697.00</u>	
		CHECKING BALANCE 10/15			4,041.10
		ENDING BALANCE			
		CAMPAIGN REPORT			
		(SUMMARY PAGE)			<u>3,262.60</u>
		DIFFERENCE			<u>778.50</u>

Michigan Department of State
Campaign Finance Complaint Form

Reset Form

2016 MAY -9 PM 4: 13
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	
Mailing Address	PO Box 113	
City	State	Zip
St. Johns	MI	48879
Daytime Telephone Number		
517-230-6866		

Section 2. Alleged Violator		
Name	Robert X. Karl	
Mailing Address	5566 Baker Rd.	
City	State	Zip
Bridgeport	MI	48722

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

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

Explain how those sections were violated:

Summary Page: The ending balance is reported as \$1,826.63. The Candidate included a copy of the Committee's check register with the Campaign Report for 10/20/2015. It includes the checking balance as of 7/20/2015 of \$1,722.43 (difference \$104.20).

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

See Attached Exhibit, Exhibit Pages 2 & 11

**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 Robert X. Karl		
Mailing Address 5566 Baker Rd.		
City Bridgeport	State MI	Zip 48722

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 Sch. 1A: Contribution of Pat O'Brien is greater than \$100.00.

Occupation, Employer, and Business Address is not listed.

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

See Attached Exhibit, Exhibit Page 7

**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 Robert X. Karl		
Mailing Address 5566 Baker Rd.		
City Bridgeport	State MI	Zip 48722

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

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

Explain how those sections were violated:

Itemized Expenditures Sch. 1B: There are two (2) expenditures showing Saginaw 100 Club in the amounts of \$110.00 and \$100.00 for a total amount of \$210.00. There is no address listed for this vendor.

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

See Attached Exhibit, Exhibit Pages 8 & 10

**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 Robert X. Karl		
Mailing Address 5566 Baker Rd.		
City Bridgeport	State MI	Zip 48722

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

Section(s) of the MCFA violated: **Section 23 [MCL 169.223]**

Explain how those sections were violated:

Itemized Expenditures Sch. 1B: There are three (3) expenditures charged to Petty Cash exceeding \$50.00.

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

See Attached Exhibit, Exhibit Pages 8--10

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:

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

Joseph J Tomczyk
Signature of Complainant

5/2/2016
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



**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

<p>1. Committee I.D. Number <u>400040037565</u> <u>101733</u></p> <p>2. Committee Name <u>COMMITTEE TO ELECT ROBERT KARL SHERIFF</u></p> <p>5. Committee's Mailing Address <u>5566 BAKER RD</u> <u>BRIDGEPORT MI 48722</u></p> <p>Area Code and Phone <u>989-746-9113</u> 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.</p> <p>7. Treasurer's Business Address</p>		<p>3. This Statement covers From: _____ to <u>JULY 2015</u></p> <p>4. Candidate Last Name <u>KARL</u> First Name <u>ROBERT</u> M.I. <u>FILED X</u></p> <p>4a. Office Sought Including District # or Community Served (If applicable) <u>SAGINAW COUNTY SHERIFF</u></p> <p>4b. County of Residence <u>SAGINAW</u></p> <p>6. Treasurer's Name & Residential Address <u>CRAIG A. BEINS</u> <u>5566 BAKER RD.</u> <u>BRIDGEPORT MI 48722</u></p> <p>Area Code & Phone <u>989-746-9113</u></p> <p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)</p>	
--	--	---	--

<p>9. TYPE OF STATEMENT</p> <p>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>AUGUST 2016</u></p>		<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input checked="" type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly</p> <p>9c. <input checked="" type="checkbox"/> Annual Statement (<u>2015</u>) Coverage Year</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p>		<p>9e. Dissolution of Candidate Committee</p> <p><input type="checkbox"/> 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.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution _____</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>	
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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	<u>CRAIG A. BEINS</u>	<u>[Signature]</u>	Date <u>07/25/2015</u>
	Type or Print Name	Signature	
Candidate	<u>ROBERT X. KARL</u>	<u>[Signature]</u>	Date <u>07/25/2015</u>
	Type or Print Name	Signature	

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

101733

1. Committee I.D. Number

H00040037565

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name COMMITTEE TO ELECT ROBERT KARL SHERIFF

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>3230⁰⁰</u>	(18.) \$ _____
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	(19.) \$ _____
c. Subtotal of "Contributions"	(3c.) \$ <u>3230⁰⁰</u>	(20.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>-0-</u>	(21.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>3230⁰⁰</u>	(22.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>-0-</u>	(23.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>-0-</u>	(24.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1403³⁷</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1403³⁷</u>	
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>-0-</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>-0-</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>-0-</u>	
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>-0-</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>-0-</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>-0-</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>3230⁰⁰</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>3230⁰⁰</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1403³⁷</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1826⁶³</u>	



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

101733
1100040037565

2. Committee Name COMMITTEE TO ELECT ROBERT KAREL SHEDDEN

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 6-21-15

Name & Address:

MATTHEW YANKOW
444 LONG POINTE DR
AVON LAKE OH 44012

\$ 40⁰⁰

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 7-2-15

Name & Address

CRAIG BEINS
5566 BAKER
BRIDGEPORT MI 48722

\$ 1000⁰⁰

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

Occupation RETIRED 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 6-20-15

Name & Address:

THOMAS L. FRANK
602 HANCOCK
SAGINAW MI 48602

\$ 40⁰⁰

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 6-22-15

Name & Address

FRANK E. MATTHEIS
1405 HOWLIHAN RD
SAGINAW MI 48601

\$ 20⁰⁰

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

1100⁰⁰

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

101733
1. Committee I.D. Number 100040037565
2. Committee Name COMMITTEE TO ELECT ROBERT KARLSHEIN F.

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 Name & Address: <u>JANE A. DESHANE</u> <u>2403 MILFORD ST</u> <u>SAGINAW MI 48603</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-28-15</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE</u> Employer <u>COVENANT HOSPITAL</u> Business Address <u>900 COOPER - SAGINAW MI 48602</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>110.00</u>	
		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>FRANK E. MATTHEIS</u> <u>1405 HOULIHAN RD</u> <u>SAGINAW MI 48601</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-25-15</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>20.00</u>	
		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: <u>ERIKA SPACE</u> <u>18638 S CHROEDER RD</u> <u>BRANT MI 48614</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-15-15</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>20.00</u>	
		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: <u>DENNIS CHWALA</u> <u>4481 S. MARCUS RD</u> <u>SAGINAW MI 48603</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-10-15</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>20.00</u>	
		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 101733
1100040037565
2. Committee Name COMMITTEE TO ELECT ROBERT KARL SHERLEE

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? <input type="checkbox"/> YES 4. Date of Receipt <u>6-25-15</u> Name & Address: <u>JUSTIN SMITH</u> <u>1855 S. HORNER RD</u> <u>HIGHLAND MI 48640</u>		\$ <u>20.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-25-15</u> Name & Address: <u>BILL O'BRIEN</u> <u>2520 BARNARD</u> <u>SAGINAW MI 48607</u>		\$ <u>40.00</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____		\$ _____	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____		\$ _____	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 60.00

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

101733
100040037565

2. Committee Name

COMMITTEE TO ELECT ROBERT KARL SHREVE

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 6-19-15

Name & Address:

MEGON SMITH
1855 HOKER RD
MIDLAND MI 48640

\$ 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 6-21-15

Name & Address:

JAMES R. LEDERGERBER
4711 N. HOPE RD
HOPE MI 48628

\$ 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 6-23-15

Name & Address:

IRWIN F. HAUFFE
12 MILBOND TRL
SAGINAW MI 48603

\$ 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

4. Date of Receipt 6-29-15

Name & Address:

JOSEPH T. COLLISON
5811 COLONY DR. N
SAGINAW MI 48638

\$ 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

300.00

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

4630.00

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

101733
1100040037565

2. Committee Name

COMMITTEE TO ELECT ROBERT KARL SHERIFF

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 7-6-15

Name & Address:

MARY E. KARL
1895 HOTCHKISS
SAGINAW MI 48609

\$ 1000.00 \$

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

Occupation RETIRED 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 7-13-15

Name & Address:

PAT OBRIEN
819 S. WASHINGTON
SAGINAW MI 48601

\$ 500.00 \$

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

Occupation Employer

Click Here for Memo Itemization

Business Address

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

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 7-25-15

Name & Address:

BOB NIVEN
SAGINAW MI

\$ 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

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

\$ 1600.00

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

\$ 3230.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number

101733
#00040037565

2. Committee Name COMMITTEE TO ELECT ROBERT KARL SHERIFF

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>PETTY CASH</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>FUEL FOR CAR</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/6/15</u> Date	\$ <u>60.00</u>
Expenditure #2 Name <u>100 CLUB OUTING</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>DISTRIBUTE ELECTION MATERIAL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/14/15</u> Date	\$ <u>110.00</u>
Expenditure #3 Name <u>REINHOLD PRINTING</u> Address <u>5171 BLACKBEAR DR</u> <u>SAGINAW MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINT CARDS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/17/15</u> Date	\$ <u>31.27</u>
Expenditure #4 Name <u>A.T.S. PRINTING</u> Address <u>22040 GRATIOT</u> <u>MERRILL MI.</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINT SHIRTS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/19/15</u> Date	\$ <u>355.10</u>
Expenditure #5 Name <u>REINHOLD PRINTING</u> Address <u>5171 BLACKBEAR DR</u> <u>SAGINAW MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINT BANNER #2</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/22/15</u> Date	\$ <u>132.50</u>

Subtotal this page

688.87

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

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

101733

1. Committee I. D. Number

400040037565

2. Committee Name

COMMITTEE TO ELECT ROBERT KARL SHEPHERD

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<p>Expenditure #1</p> <p>Name <u>PETTY CASH</u></p> <p>Address</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>FUEL FOR CAR</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>4/21/15</u> Date</p>	<p><u>\$ 20⁰⁰</u></p>
<p>Expenditure #2</p> <p>Name <u>REINHOLDS PRINTING</u></p> <p>Address <u>5171 BLACKBEARD DR</u> <u>SAGINAW MI</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>PRINT 8 FOOT BANNER</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>4/27/15</u> Date</p>	<p><u>\$ 185⁵⁰</u></p>
<p>Expenditure #3</p> <p>Name <u>PETTY CASH</u></p> <p>Address</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>FUEL FOR CAR</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>3/21/15</u> Date</p>	<p><u>\$ 60⁰⁰</u></p>
<p>Expenditure #4</p> <p>Name <u>SAGINAW 100 CLUB</u></p> <p>Address</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>PRIVATE JOIN</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>5/28/15</u> Date</p>	<p><u>\$ 100⁰⁰</u></p>
<p>Expenditure #5</p> <p>Name <u>VARIOUS BUSINESSES</u></p> <p>Address</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>SUPPLIES</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>6/18/15</u> Date</p>	<p><u>\$ 31²⁷</u></p>
Subtotal this page			<u>396⁷⁷</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number

101733
400040037565

2. Committee Name COMMITTEE TO ELECT ROBERT KARL SHERIDAN

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>REIMOLD PRINTING CO</u> Address <u>5171 BLACKBEAR DR</u> <u>SAGINAW MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINT CARDS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/13/15</u> Date	<u>\$ 132.50</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>PETTY CASH</u> Address <input type="checkbox"/> Fund Raiser	Purpose: <u>FUEL FOR CAR</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/14/15</u> Date	<u>\$ 40.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>REIMOLD PRINTING CO</u> Address <u>5171 BLACKBEAR DR</u> <u>SAGINAW MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINT CARDS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/14/15</u> Date	<u>\$ 79.50</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>PETTY CASH</u> Address <input type="checkbox"/> Fund Raiser	Purpose: <u>FUEL FOR CAR</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/18/15</u> Date	<u>\$ 60.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>UPS STORE</u> Address <u>BAY ROAD</u> <u>SAGINAW MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>COPY SUPPLIES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/21/15</u> Date	<u>\$ 5.73</u> Click Here for Memo Itemization Type

Subtotal this page

317.73

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

\$1403.31

Enter this total
on line 8a of
Summary Page

AD-Automatic Deposit • AP-Automatic Payment • ATM-Cash Withdrawal • DC-Debit Card • FT-Funds Transfer • SC-Service Charge • TD-Tax Deductible

NUMBER OR CODE	DATE	TRANSACTION DESCRIPTION	PAYMENT, FEE, WITHDRAWAL (\$)	✓	DEPOSIT, CREDIT (+)	\$ 890.50
	7/8	PENNY CASH (FUEL)	60	-		830.50
306	7/11	100 CLUB OUTING	110	-		720.50
307	7/11	REIMBURSE FLYERS	31	27		689.23
308	7/19	ATS PRINTING	355	10		334.13
309	7/22	REIMBURSE - BANNER #2	132	50		201.63
	7/25	DEP. DONATED CKS			1550	1751.63

310	7/24	FED EX MAIL T-SHIRTS	29	20		1722.43
311	7/27	FUEL	60	-		1662.43
312	7/27	KOHL'S PAINTS	72	98		1589.45
313	7/31	CORONA PONS	352	93		1236.52
	7/31	DEP. FROM FUNDRAISER			4787	6023.52
314	8/4	ATS PRINTING	254	40		5769.12
315	8/6	FUEL / MAINTENANCE	100	-		5669.12

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

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



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 within 10 business days 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,

A handwritten signature in cursive script that reads "Lori A. Bourbonais".

Lori A. Bourbonais
Bureau of Elections
Michigan Department of State

c: Robert Karl

RECEIVED
JUL 10 10:00 AM
2016 JUN -9 PM 3:29
ELECTIONS/GREAT SEAL

Dear Ms. Bourbonnais,

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

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

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.

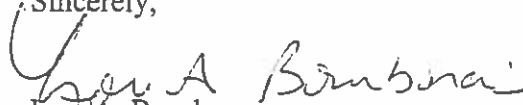
The Department is advising you that section 33 requires you to timely file complete and accurate campaign finance statements and reports which disclose all contributions and expenditures made during the reporting period. Please be advised that this notice has served to remind you of your obligation under 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).

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 cursive script, appearing to read "Lori A. Bourbonais".

Lori A. Bourbonais
Bureau of Elections
Michigan Department of State

c: Joseph J. Tomczyk