



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

October 24, 2012

John Maahs
5900 West Herbison Road
Dewitt, Michigan 48820

Dear Mr. Maahs:

The Department of State (Department) has received a formal complaint filed against you by Dale Westrick, alleging that you violated the Michigan Campaign Finance Act (MCFA or Act), 1976 PA 388, MCL 169.201 et seq. The investigation and resolution of these complaints is governed by section 15 of the Act and the corresponding administrative rules, R 169.51 et seq. Copies of the complaint and supporting documentation are enclosed with this letter.

The MCFA requires a committee that receives or expends more than \$1,000.00 during any reporting period to file periodic campaign finance reports in compliance with the Act. MCL 169.233(6). The failure to file a single campaign statement may trigger the assessment of late filing fees. MCL 169.233(7).

Mr. Westrick alleges that you made expenditures in excess of \$1,000.00 and failed to file a post-election report.

In support of his complaint, Mr. Westrick provided copies of post cards, a newspaper ad, and a campaign flyer. This printed matter refers to the August 7, 2012 primary and your candidacy for Watertown Township Supervisor.

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.

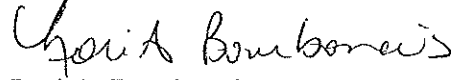
If you wish to file a written response to this complaint, you are required to do so within 15 business days of the date of this letter. Your response may include any written statement or additional documentary evidence you wish to submit. All materials must be sent to the Department of State, Bureau 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. Westrick, 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 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, conducting an administrative hearing, or referring this matter to the Attorney General for enforcement of the criminal penalty provided in sections 33(7) of the Act.

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Lori A. Bourbonais".

Lori A. Bourbonais
Bureau of Elections
Michigan Department of State

c: Dale R. Westrick, Sr.

Bourbonais, Lori (MDOS)

From: Dale Westrick [dale_westrick@yahoo.com]
Sent: Tuesday, October 23, 2012 1:15 PM
To: Bourbonais, Lori (MDOS)
Subject: Re: Campaign Finance Complaint
Attachments: MAAHS CAMPAIGN FLYERS AND ARTICILS.zip; compaint form 2.pdf

Lori
Campaign finance complaint.
Dale
Serving the residents of the township!!

From: "Bourbonais, Lori (MDOS)" <bourbonaisl@michigan.gov>
To: "dale_westrick@yahoo.com" <dale_westrick@yahoo.com>
Sent: Tuesday, October 23, 2012 12:57 PM
Subject: Campaign Finance Complaint

Mr. Westrick,

Please send the complaint and evidence to this email address. Thank you.

Lori Bourbonais
Bureau of Elections
Michigan Department of State

10/24/2012

Bureau of Election Complaint Form

Section 1 Complainant:

- Dale Westrick
- 9041 W Herbison Rd
- Grand Ledge Mi, 48837
- 517-626-2256

Section 2 Alleged Violator:

- John Maahs
- 5900 West Herbison Rd
- Dewitt Mi, 48820

Section 3 Alleged Violations: Failure to file a post election report of money spent in excess of the \$1,000 limit. Evidence that supports those allegations (attached copies of pertinent documents and other information)

1. Copy of reporting waiver request.
2. Considerable quality of yard signs my guess would be in excess of 100 signs.
3. Grand Ledge Independent colored campaigns add. (copy included)
4. Colored post card both sides 4 1/4 by 5 1/2 (copy included)
5. Colored post card both sides 5 1/2 X 8 1/2 (copy included)
6. Some of the post cards were mailed. I visited the post office but could not find out how many.
7. Web site development that included videos and audio endorsements.
8. Robo calls by present Supervisor endorsing John Maahs for Supervisor.

Dale R Westrick Jr

2012 OCT 23 PM 1:15

BUREAU OF ELECTIONS
MI DEPT OF STATE

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.

Dale West 10-23-12
Signature of complainant Date



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

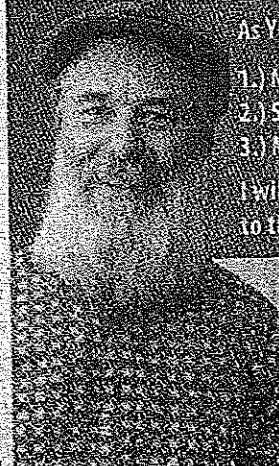
100 E STATE SUITE 2600
STJ 48879 4202

<p>1. Committee ID #: _____</p> <p>2. Type of Filing: <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Items: <u>3, 4, 5, 8</u> Eff. Date: _____</p> <p>3. Full Name of Committee (must include Candidate's first and last name): <u>Committee elect</u></p> <p>4a. Candidate Full Name (Last, First, M.I.): <u>MAATHS JOHN E.</u></p> <p>4b. Political Party (if applicable): <u>Republican</u></p> <p>4c. County of Residence: <u>Clinton</u></p> <p>4d. Office Sought (Check one): <input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Rep. <input type="checkbox"/> Sec. of State <input type="checkbox"/> Attorney Gen. <input type="checkbox"/> State Bd. of Ed. <input type="checkbox"/> UofM Reg. <input type="checkbox"/> MSU Trustee <input type="checkbox"/> WSU Gov. <input type="checkbox"/> Supreme Court <input type="checkbox"/> Appeals Court <input type="checkbox"/> Circuit Court <input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Municipal Court</p> <p>Local or other please specify: <u>supervisor Waterbury Twp.</u></p> <p>4e. District/Circuit # or Jurisdiction: _____</p> <p>5. Date Committee was Formed: <u>5-27-12</u></p> <p>6a. Committee Phone #: <u>517 2426336</u></p> <p>6b. Committee Fax #: _____</p> <p>6c. Committee E-mail Address: _____</p> <p>6d. Committee Website Address: _____</p> <p>7a. Complete Comm. Mailing Address (May be PO Box): <u>5900 W. Hebbison Rd.</u> <u>Dewitt, MI 48820</u></p> <p>7b. Complete Comm. Street Address (May not be PO Box): <u>SAME</u></p> <p>8. Treasurer Name and Complete Address: <u>Deborah G. Adams</u> <u>13626 Forest Hill Rd.</u> <u>Grand Ledge, MI 48837</u></p> <p>Phone #: <u>(517) 626-2273</u></p> <p>E-mail Address: <u>Dadams@VIAVOX-TELECOM.COM</u></p> <p>9. Designated Record Keeper Name and Complete Address: <u>DIANE ZUKER</u> <u>JUN 5'12</u></p> <p>Phone #: _____</p> <p>E-mail Address: _____</p>	<p>10. <input checked="" type="checkbox"/> REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.</p> <p>11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association) a. Official Depository <u>CHASE BANK</u> b. Secondary Depository _____</p> <p>12. <input type="checkbox"/> This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.</p> <p>13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to Candidate Committees that file with the County Clerk's office.</p> <p>The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to spend or receive \$20,000 in the current calendar year to file campaign statements electronically. MERTS Plus software is provided to you free of charge to assist you in meeting this requirement.</p> <p><input type="checkbox"/> Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.</p> <p style="text-align: center;">** OR **</p> <p><input type="checkbox"/> Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.</p> <p>14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)</p> <p><u>John E. Maaths</u> <u>5-28-12</u> Candidate</p> <p><u>Deborah Adams</u> <u>5-28-2012</u> Current Treasurer</p> <p>Designated Record Keeper (Required only if filing electronically) _____ _____</p>
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VOTE August 7th - 7AM to 8PM
Township Hall - 12803 S. Wacousta Road

Elect John Maahs

Watertown Township Supervisor



As Your Supervisor My Priorities Will Be:

- 1.) Maintain our fund balance. NOT deplete it.
- 2.) Sustain our effective & balanced budget.
- 3.) Maintain quality paved & gravel roads.

I will be sensible, dedicated and responsive
to the needs of our township.

For more information, videos and
endorsements, please visit:

www.JohnMaahs.com

Read for with to add the forms by The Commission to Elect John Maahs
Also it will be held from 10:00 AM to 12:00 PM

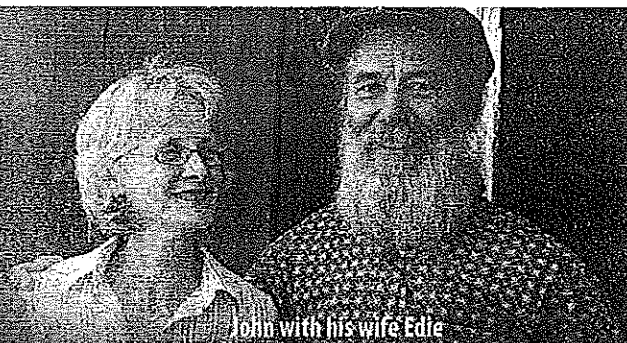
August 5, 2012

VOTE

JOHN MAAHS FOR TOWNSHIP SUPERVISOR

John Maahs is asking for your support this August 7th to be elected Watertown Township Supervisor. As a 34-year resident of the township and a trustee for the last 8 years, John is uniquely qualified for this post:

- Endorsed by the current and former Township Supervisors Deb Adams and Ed McKeon, and several community leaders;
- Active with the Wacousta Lions Club, the Planning Commission, the Masonic Lodge and St. Mary's Cathedral.
- Regularly volunteers his time with Adopt-A-Highway, Habitat For Humanity and Wacousta Elementary School.
- As a farmer and a professional contractor, John is committed to balancing the development of the township while maintaining its agricultural heritage.

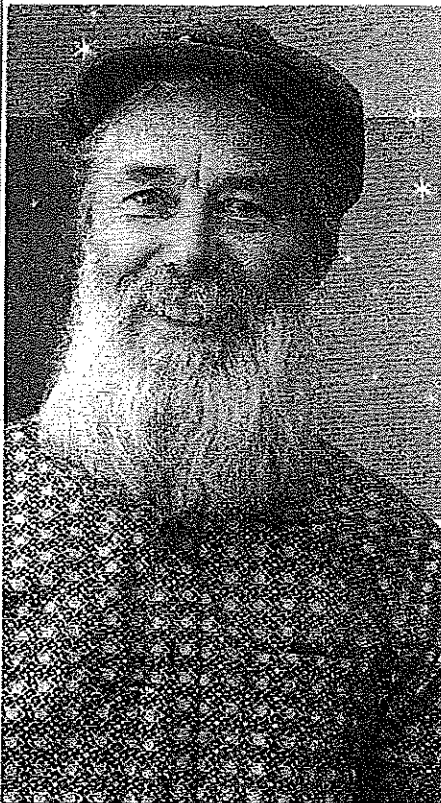


John with his wife Edie

"I'm pleased with the direction the Board of Trustees has taken for the past several years. Initial reports indicate that our contract with Delta Township for fire and ambulance services has been very successful, and that is something that I'd like to see continue. Our businesses and agri-businesses are strong and we're working hard to balance our farm heritage with the future development of the township.

Most importantly, we balance our budget, and keep our fund balance very healthy. It's important to note, however, that much of these funds are reserved for planned projects. Just as you wouldn't frivolously spend your child's college savings, these funds are allocated for future spending according to sound plans the Township Board has set in motion. Therefore, I'm strongly opposed to any action which would see these funds recklessly spent by those who don't have a complete vision of how our budget must function. The township has been fortunate to have great leadership, and I look forward to the opportunity to continue that trend as Township Supervisor."

To get election details, hear from local supporters or get involved, please visit JohnMaahs.com today!



WATERTOWN TOWNSHIP

VOTE

MAKE A DIFFERENCE

AUG. 7TH
7AM - 8PM
TOWNSHIP HALL
12803 S. WACOUSTA ROAD

2012 PRIMARY
JOHNMAAHS.COM

In Watertown Township, the primary election is THE election. It's important that you make sure that your vote is counted... be sure to vote August 7th.

If you can't make it to the polling place you can still vote! Visit the website above or the Township website to request an absentee ballot. It's free and you can vote in the primary entirely by mail without ever leaving home.

VOTE

JOHN MAAHS FOR TOWNSHIP SUPERVISOR

John Maahs is asking for your support this August 7th to be elected Watertown Township Supervisor. As a 34-year resident of the township and a trustee for the last 8 years, John is uniquely qualified for this post.

- Endorsed by the current and former Township Supervisors Deb Adams and Ed McKeon, and several community leaders.
- Active with the Warousta Lions Club, the Planning Commission, the Masonic Lodge and St. Mary's Cathedral.
- John is **STRONGLY** opposed to any action which would deplete the current township fund balance unnecessarily.
- As a farmer and a professional contractor, John is committed to balancing the development of the township while maintaining its agricultural heritage.

To learn more about John, get election details, hear from local supporters or get involved, please visit JohnMaahs.com today!

Paid for by
The Committee To Elect John Maahs
5900 West Highway Road
DeWitt, MI 48820

ALWAYS USE ZIP CODE 48820

THE MILLER'S
8771 W. CUTLER
DEWITT, MI. 48820

Don't Forget to VOTE on August 7th, 2012!



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

November 6, 2012

Dale Westrick
9041 W. Herbison Road
Grand Ledge, Michigan 48837

Dear Mr. Westrick:

The Department of State received a response to the complaint you filed against John Maahs, 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: John Maahs

BUREAU OF ELECTIONS
MI DEPT OF STATE

702 NOV -5 PM 3:51

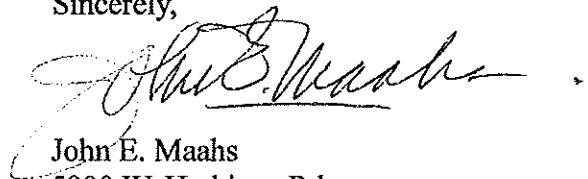
November 2, 2012

Lori Bourbonais
Bureau of Elections
Michigan Department of State

Dear Ms. Bourbonais,

This communication is in response to your letter dated October 24, 2012. Let me know if anything further is needed.

Sincerely,

A handwritten signature in dark ink, appearing to read "John E. Maahs", written over a horizontal line.

John E. Maahs
5900 W. Herbison Rd.
Dewitt, Mi. 48820



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

BUREAU OF ELECTIONS
MI DEPT OF STATE

2012 NOV -5 PM 3:51

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.

1. Committee I.D. Number 128445		3. This Statement covers From: 5/1/12 to 8/7/12	
2. Committee Name COMMITTEE TO ELECT JOHN E. MAAHS		4. Candidate Last Name MAAHS First Name JOHN M.I. E.	
5. Committee's Mailing Address 5900 W. HERBISON DEWITT MI 48820 Area Code and Phone 517 242 6336 <small>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.</small>		4a. Office Sought Including District # or Community Served (If applicable) TOWNSHIP SUPERVISOR 4b. County of Residence CLINTON	
7. Treasurer's Business Address Area Code and Phone _____		6. Treasurer's Name & Residential Address DEBORAH G. ADAMS 13626 FOREST HILL RD. GRAND LEDGE MI 48837 Area Code & Phone 517 626 2273	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus 8-7-2012		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone _____ 9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year) 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution _____ By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.			
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 Deborah G. Adams Type or Print Name		Signature [Signature] Date 11/1/12	
Candidate John E. Maahs Type or Print Name		Signature [Signature] Date 11-1-12	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

128445

2. Committee Name

COMMITTEE TO ELECT JOHN E
MAA

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 6-1-12

Name & Address:

RICK & Deb Adams
13626 FOREST HILL RD
GRAND LEDGE MI 48837

\$ 100.00 \$

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

Occupation Attorney Employer SELF

[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 7-17-12

Name & Address:

RICHARD TURCOTTE
6980 W. EATON HWY
LANSING MI 48906

\$ 100.00 \$

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 #3 PAC Receipt? ☐ YES

4. Date of Receipt 7-17-12

Name & Address:

BOB & JEAN CASE
13440 S. WACOUSTA RD
GRAND LEDGE MI 48837

\$ 50.00 \$

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 #4 PAC Receipt? ☒ YES

4. Date of Receipt 7-17-12

Name & Address:

GRANGER PAC
16980 WOOD
LANSING MI 48912

\$ 20.00 \$

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

Occupation MANAGER Employer GRANGER WASTE MGT.

[Click Here for Memo Itemization](#)

Business Address 16980 WOOD LANS MI 48912

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

Page Subtotal

750.00

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 128445
2. Committee Name COMMITTEE TO ELECT JOHN E. MAAS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: <u>JOHN E. MAAS</u> <u>5900 W. HERBISON</u> <u>DEWITT MI 48820</u>		4. Date of Receipt <u>7-17-12</u>	6. Amount <u>\$ 2363.28</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>SELF</u> Business Address <u>5900 W. HERBISON DEWITT MI 48820</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address:		4. Date of Receipt	6. Amount \$
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 #3 Name & Address:		4. Date of Receipt	6. Amount \$
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 Name & Address:		4. Date of Receipt	6. Amount \$
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 2363.28

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

3113.28

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 128445
2. Committee Name COMMITTEE TO ELECT JOHNE, MAHRS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>DISCOUNT IHR SIGNS INC.</u> Address <u>1700 E. MICH. AVE.</u> <u>LANSING, MI.</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5-21-12</u> Date	<u>\$ 258.69</u>
Expenditure #2 Name <u>DISCOUNT IHR SIGNS INC.</u> Address <u>1700 E. MICH. AVE.</u> <u>LANSING, MI.</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5-29-12</u> Date	<u>\$ 258.69</u>
Expenditure #3 Name <u>MICH. POST OFFICE</u> Address <u>DEWITT MI.</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-25-12</u> Date	<u>\$ 96.⁰⁰</u>
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page 613.28
Grand Total of all Schedules 1B
(Complete on last page of Schedule)
Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 128445

2. Committee Name COMMITTEE TO ELECT SCHAE, MAHHS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>3113.28</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>3113.28</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	_____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>3113.28</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	_____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	_____	(22.) \$ _____
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>613.28</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	_____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>613.28</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>613.28</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	_____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	_____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	_____	(24.) \$ _____
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	_____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	_____	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	_____	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>3113.28</u>	
	(15.) = \$	<u>3113.28</u>	
15. SUBTOTAL Add lines 13 and 14			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>613.28</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>2500.00</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee I.D. Number

128445

2. Committee Name

COMMITTEE TO ELECT JOHN E. MAAS

- USE A SEPARATE SHEET FOR EACH EVENT -

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

7. Total Contributions

8. Other Receipts

9. Gross Receipts (Add lines 7 and 8)

10. Total Cost of Event

(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)

Contribution Split
(%)

Expenditure Split
(%)

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number

128445

2. Committee Name

COMMITTEE TO ELECT JOHN E. MAHES

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

0

Grand Total of all Schedules 1E

0

(Complete on last page of Schedule showing amounts owed by or to the committee)

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

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

1. Committee I. D. Number 128445

2. Committee Name COMMITTEE TO ELECT JOHN E. MAHKS

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1			
Name & Address:	Purpose		\$
		Date	
		Click for Memo Itemization Type	
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code		
	<input type="checkbox"/> Fund Raiser		
Disbursement # 2			
Name & Address:	Purpose		\$
		Date	
		Click for Memo Itemization Type	
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code		
	<input type="checkbox"/> Fund Raiser		
Disbursement # 3			
Name & Address:	Purpose		\$
		Date	
		Click for Memo Itemization Type	
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code		
	<input type="checkbox"/> Fund Raiser		
Disbursement # 4			
Name & Address:	Purpose		\$
		Date	
		Click for Memo Itemization Type	
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code		
	<input type="checkbox"/> Fund Raiser		
Subtotal this page			<u>0</u>
Grand Total of all Schedules 1C (Complete on last page of Schedule)			<u>0</u>

Enter this total
on line 10a of
Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES
SCHEDULE 1 B - G
CANDIDATE COMMITTEE

1. Committee I.D. Number 128445

2. Committee Name COMMITTEE TO ELECT JOHNE MAY

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

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

Subtotal this page 0

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

Enter total
on Line 8b
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND EXPENDITURES

SCHEDULE 1B - IK

CANDIDATE COMMITTEE

1. Committee I. D. Number

128445

2. Committee Name

COMMITTEE TO ELECT JOHNE MAH

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

Enter this total
on line 7 of
the Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number

128445

2. Committee Name

COMMITTEE TO ELECT JOHN E. MAHES

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
--	---	--------------------------------------	--

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

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

\$ _____ \$ _____

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

Description _____

Employer Name & Business Address:

5. Date Of Receipt: _____

6. Vendor Name & Address:

Click Here for Memo Itemization

☐ Fund Raiser Contribution

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

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

\$ _____ \$ _____

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

Description _____

Employer Name & Address:

5. Date Of Receipt: _____

6. Vendor Name & Address:

Click Here for Memo Itemization

☐ Fund Raiser Contribution

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

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

\$ _____ \$ _____

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

Description _____

Employer Name & Address:

5. Date Of Receipt: _____

6. Vendor Name & Address:

Click Here for Memo Itemization

☐ Fund Raiser Contribution

Page Subtotal

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

Enter this total
on line 6 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1

CANDIDATE COMMITTEE

1. Committee I.D. Number

128445

2. Committee Name

COMMITTEE TO ELECT JOHN E. MAHONEY

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

BUREAU OF ELECTIONS
MI DEPT OF STATE

2012 NOV -5 PM 3:51

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: 8/8/12 to 11/1/12

1. Committee I.D. Number

128445

4. Candidate Last Name

MAAHS

First Name

JOHN

M.I.

E

2. Committee Name

COMMITTEE TO ELECT JOHN E. MAAHS

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

TOWNSHIP SUPERVISOR

4b. County of Residence

CLINTON

5. Committee's Mailing Address

5900 W. HERBISON
DEWITT MI 48820

Area Code and Phone

517 2426 336

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

Deborah G. Adams
13626 FOREST HILL RD.
GRAND LEDGE MI 48837

Area Code & Phone

517 626 2273

7. Treasurer's Business Address

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

Area Code and Phone

Area Code and Phone

9. TYPE OF STATEMENT

9a. ☐ Pre-Election

OR

9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary

☐ General

☐ Convention

☐ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus

3-7-2012

9c. ☐ Annual Statement (____ Coverage Year)

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

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

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

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

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

Deborah G. Adams

Type or Print Name

Signature

Date

11/1/12

Candidate

John E. Maahs

Type or Print Name

Signature

Date

11-1-12



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number

128445

2. Committee Name

COMMITTEE TO ELECT JOHN E. MAZ

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:

None

\$ _____ \$ _____

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

\$ _____ \$ _____

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

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

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address:

\$ _____ \$ _____

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

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

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address

\$ _____ \$ _____

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

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

Page Subtotal

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

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number

128445

2. Committee Name

COMMITTEE TO ELECT JOHN E. MAAHS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PATRICK GALLAGHER Address 14565 ABBEY LANE BOY BATH, MI. 48808 <input type="checkbox"/> Fund Raiser	CAMPAIGN ADVERTISING MARKETING & WEBSITE Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	8-13-12 Date Click Here for Memo Itemization Type	\$ 2500. ⁰⁰
Expenditure #2 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	Date Click Here for Memo Itemization Type	\$
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	Date Click Here for Memo Itemization Type	\$
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	Date Click Here for Memo Itemization Type	\$
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	Date Click Here for Memo Itemization Type	\$

Subtotal this page

2500.⁰⁰

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

2500.⁰⁰

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 128445

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name COMMITTEE TO ELECT JOHN E. MAHES

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ _____	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
6. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>0</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>2500.⁰⁰</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>2500.⁰⁰</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>2500.⁰⁰</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2500.⁰⁰</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2500.⁰⁰</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>0</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number

128445

2. Committee Name

COMMITTEE TO ELECT JOHNE, MAAH

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held

4. Number of Individuals Attending
or Participating (whichever is
greater)

5. Type of Fund Raising Activity

6. Address and Name (If any) of the
place where the activity was held.

☐

Private Residence

7. Total Contributions

8. Other Receipts

9. Gross Receipts (Add lines 7 and 8)

10. Total Cost of Event

(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)

Contribution Split
(%)

Expenditure Split
(%)

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number

128445

2. Committee Name

COMMITTEE TO ELECT JOHN E. MAAHS

This Schedule itemizes:

a ☐ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Owed to or by: Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Owed to or by: Corp? <input type="checkbox"/> Yes	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

0

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

0

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

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Page 1 of 1



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

1. Committee I. D. Number

128445

2. Committee Name

COMMITTEE TO ELECT JOHN E. MAAS

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1			
Name & Address:	Purpose		\$
		Date	
		Click for Memo Itemization Type	
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code		
	<input type="checkbox"/> Fund Raiser		
Disbursement # 2			
Name & Address:	Purpose		\$
		Date	
		Click for Memo Itemization Type	
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code		
	<input type="checkbox"/> Fund Raiser		
Disbursement # 3			
Name & Address:	Purpose		\$
		Date	
		Click for Memo Itemization Type	
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code		
	<input type="checkbox"/> Fund Raiser		
Disbursement # 4			
Name & Address:	Purpose		\$
		Date	
		Click for Memo Itemization Type	
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code		
	<input type="checkbox"/> Fund Raiser		
Subtotal this page			<u>0</u>
Grand Total of all Schedules 1C (Complete on last page of Schedule)			<u>0</u>

Enter this total
on line 10a of
Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES

SCHEDULE 1 B - G

CANDIDATE COMMITTEE

1. Committee I.D. Number 128445

2. Committee Name COMMITTEE TO ELECT JO HONE, MAH

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

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

Subtotal this page

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

Enter total
on Line 8b
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND EXPENDITURES

SCHEDULE 1B - IK

CANDIDATE COMMITTEE

1. Committee I. D. Number

128445

2. Committee Name

COMMITTEE TO ELECT JOHNE, MAAS

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

Page Subtotal

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

Enter this total
on line 7 of
the Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK

1. Committee I. D. Number 128445
2. Committee Name COMMITTEE TO ELECT JOHN E. MAAS

CANDIDATE COMMITTEE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: _____	\$ _____ \$ _____	
Click Here for Memo Itemization			
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: _____	\$ _____ \$ _____	
Click Here for Memo Itemization			
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: _____	\$ _____ \$ _____	
Click Here for Memo Itemization			
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal

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

Enter this total
on line 6 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1
CANDIDATE COMMITTEE

1. Committee I.D. Number

128445

2. Committee Name

COMMITTEE TO ELECT JOHNE, MA

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

Enter this total on
line 4 of Summary
Page

6/11/10N

=====

DeWitt MPD
DeWitt, Michigan
488208820
2539230820-0097
06/25/2012 (800)275-8777 02:08:22 PM

=====

===== Sales Receipt =====

Product Description	Sale Unit Qty Price	Final Price
32c Aloha Shirts PSA C1/100	1 \$32.00	\$32.00
32c Aloha Shirts PSA C1/100	1 \$32.00	\$32.00
32c Aloha Shirts PSA C1/100	1 \$32.00	\$32.00

=====
Total: \$96.00

Paid by:
Personal Check \$96.00

Order stamps at usps.com/shop or
call 1-800-Stamp24. Go to
usps.com/clicknship to print
shipping labels with postage. For
other information call
1-800-ASK-USPS.

Get your mail when and where you
want it with a secure Home Office
Box. Sign up for a box online at
usps.com/poboxes.

Bill#:1000301332283
 clerk:10

All sales final on stamps and postage
Refunds for guaranteed services only
Thank you for your business

HELP US SERVE YOU BETTER

Go to:
<https://postalexperience.com/Pos>

TELL US ABOUT YOUR RECENT
POSTAL EXPERIENCE

YOUR OPINION COUNTS

.....
DISCOUNT 1 HOUR
SIGNS INC
1700 E MICHIGAN AVENUE
LANSING, MI 48912
517-372-1825

05/21/2012 18:43:58
Sale:

Transaction # 4
Card Type: VISA
Acc: 4147202094019674
Exp. Date: 1114
Entry: Manual
Invoice # 476
Order # 23583
Total: 258.64

Reference No.:
214219200917
Auth.Code: 09417D
Response: EXACT MATCH
AUS Resp.: Y
CVV2 Resp.: M
Sequence Number: 0004
Merchant_Number:
100000047771
Terminal_ID: 72518593
Terminal_Number: 0001

I AGREE TO PAY ABOVE
TOTAL AMOUNT ACCORDING
TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF
CREDIT VOUCHER)

x. *PHONE*
.....
SIGNATURE

MERCHANT COPY

.....
DISCOUNT 1 HOUR
SIGNS INC
1700 E MICHIGAN AVENUE
LANSING, MI 48912
517-372-1825

05/29/2012 16:31:42
Sale:

Transaction # 5
Card Type: VISA
Acc: 4147202094019674
Exp. Date: 1114
Entry: Manual
Invoice # 500
Order # 23583
Total: 258.64

Reference No.:
215017401332
Auth.Code: 08780D
Response: EXACT MATCH
AUS Resp.: Y
CVV2 Resp.: M
Sequence Number: 0005
Merchant_Number:
100000047771
Terminal_ID: 72518593
Terminal_Number: 0001

I AGREE TO PAY ABOVE
TOTAL AMOUNT ACCORDING
TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF
CREDIT VOUCHER)

x. *PHONE*
.....
SIGNATURE

MERCHANT COPY

INVOICE



14565 Abbey Lane B07
Bath, MI 48808
Phone 517.258.0149

DATE: AUGUST 13, 2012

TO:
The Committee To Elect John Maahs
5900 West Herbison Road
DeWitt MI 48820
Phone (517)242-6336

FOR:
Primary Election Campaign Advertising, Marketing & Website
Development for The Committee To Elect John Maahs

Includes billable hours, both reimbursed and prepaid services and
incidental expenses

DESCRIPTION	HOURS	RATE	AMOUNT
Total Service Contract - See Attached (30 hours - video, web, SEO, marketing)	30	\$1000	\$3000
*** Service reduction - 5 hour overage for web development, credited	5	-\$100	-\$500
Vistaprint Order #1 (Hourly included, out-of-pocket paid by client)	NA	\$161.07	(Paid By Client)
Vistaprint Order #2 (Hourly included, out-of-pocket paid by client)	NA	\$74.87	(Paid By Client)
Signage Order (DesignMySign.com - Hourly included, OOP by client)	NA	\$525.00	(Paid By Client)
Robocall Service (Hourly Included, account prepaid - NO CHARGE)	NA	NA	NO CHARGE
Phone # Collection & List Building - Service & Hourly Included - NC	NA	NA	NO CHARGE
Grand Ledge Independent Advertisement (Hourly & Ad Charges Included)	NA	NA	NO CHARGE
TOTAL			\$2500 - PAID

Statement - NOT A Bill

All Hours/Services Listed Above Have Been Paid

Additional Notes:

Original Service Agreement attached, as well as PDF invoices for all relevant charges from Vistaprint and DesignMySign.

All website development, robocall service, video production and distribution, list building, Search Engine Optimization (SEO), marketing and advertising services, and final campaign recommendations have been completed. All service charges, fees and outside expenses have been paid, reimbursed or properly credited. Client has paid first Installment of \$1500 (50% of service agreement charges) as well as final billable balance of \$1000. Total fees collected: \$2500 (Includes a 5 hour (\$500) service reduction for unused web development hours).

Thank you for your business!

Patrick Gallagher 8/13/12



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

February 7, 2013

John Maahs
5900 West Herbison Road
Dewitt, Michigan 48820

Dear Mr. Maahs:

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

The MCFA requires a committee that receives or expends more than \$1,000.00 during any reporting period to file periodic campaign finance reports in compliance with the Act. MCL 169.233(6). The failure to file a single campaign statement may trigger the assessment of late filing fees, while the failure to file two or more campaign statements is a misdemeanor offense. MCL 169.233(7)-(8).

The Act also 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[.]" MCL 169.215(10). The objective of an informal resolution is "to correct the violation or prevent a further violation[.]" *Id.* If the Department is unable to correct or prevent additional violations, it may convene an administrative hearing or ask the Attorney General to prosecute if a crime has been committed. *Id.*

The complaint was filed by Mr. Westrick on October 23, 2012, and you filed a written response on November 5, 2012. Mr. Westrick did not file a rebuttal statement.

Mr. Westrick alleged that although your committee spent more than \$1,000.00, you failed to file a post-election report.

In response, you provided copies of your 2012 pre-primary campaign finance statement, which covered the time period between May 1, 2012 and August 7, 2012, and a copy of your 2012 post-primary campaign finance statement, which covered the time period between August 8, 2012 and November 1, 2012. It appears that you filed both of these statements with the Clinton County Clerk on November 2, 2012.

The Department contacted the Clinton County Clerk's office and obtained copies of all campaign finance statements filed by your committee in 2012. After reviewing these statements, it appears that your committee did file its post-primary campaign finance statement in 2012, although the statement was not timely filed. While the evidence suggests that this may be an imperfect filing

that covers a date range that should have included a 2012 pre-general campaign finance statement, it does appear that all contributions to, and expenditures made by, your committee have been fully disclosed. At this time there would be no greater disclosure, transparency, or benefit to the public by requiring a separate report. Additionally, the Clinton County Clerk, the appropriate filing official for your statements, is satisfied with the disclosure. MCL 169.236(6).

The Department notes that your committee may be assessed a late-filing fee by the Clinton County Clerk for any statement that is not timely filed. MCL 169.233(7). Late-filing fees are assessed and collected by the filing official with whom the statements are filed. MCL 169.217(1). Any questions regarding these late-filing fees should be directed to the Clinton County Clerk.

Finally, the Department notes that your committee filed an amended Statement of Organization on November 26, 2012 indicating that your committee will now qualify for the reporting waiver. The Department expects that your committee will timely file all required statements should the committee exceed the \$1,000.00 threshold in the future.

The Department believes that the evidence tends to show that your 2012 post-election primary campaign finance statement was not timely filed, and a violation of the Act occurred. However, you have corrected the violation by filing the required statement. While the Department is aware that your post-election primary campaign finance statement was an imperfect filing, it was filed to the satisfaction of the appropriate filing official.

This letter has served to remind you of your obligations under the Act to timely file all required campaign finance statements. Should your committee lose its reporting waiver by receiving or expending more than \$1,000.00 during any reporting period, you must file the required statements in a timely manner.

Because the required statements are currently filed to the satisfaction of the appropriate filing official, the Department considers this matter closed and will take no further enforcement action at this time.

Sincerely,



Lori A. Bourbonais
Bureau of Elections
Michigan Department of State

c: Dale Westrick