



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.

Committee I.D. Number

80032

Committee Name

Austin Mack Committee

Committee's Mailing Address

6388 Muirfield Dr.
Temperance, MI 48182

Area Code and Phone

734-347-1787

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.

3. This Statement covers From:

4/29/16

to

7/17/16

4. Candidate Last Name

Mack

First Name

Austin

M.I.

D.

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

Bedford Township Clerk

4b. County of Residence

Monroe

6. Treasurer's Name & Residential Address

Austin Mack
6388 Muirfield Dr.
Temperance, MI 48182

Area Code & Phone

734-347-1787

Treasurer's Business Address

N/A

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

N/A

Area Code and Phone

Area Code and Phone

I. TYPE OF STATEMENT

1a. ☒ Pre-Election OR 1b. ☐ Post-Election

2. Election or Post-Election Statement relates to:

☐ Primary

☐ General

☐ Convention

☐ Special

☐ School

☐ Caucus

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

☐ July Quarterly

☐ October Quarterly

9c. ☐ Annual Statement () Coverage Year

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

9e. 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

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

Date of Election, Convention or Caucus

8/2/16

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 our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper

Austin Mack

Type or Print Name

[Signature]

Signature

Date 7/20/16

Candidate

Austin Mack

Type or Print Name

[Signature]

Signature

Date 7/20/16



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 80032

2. Committee Name Austin Mack Committee

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS

3. Contributions

a. Itemized (Schedule 1A - Column 6)

(3a.) \$ 3,220

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

(3b.) \$ NOT APPLICABLE

c. Subtotal of "Contributions"

(3c.) \$ 3,220

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

(4.) \$ 0

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

(5.) \$ 3,220

Column I
This Period

Column II
Cumulative this election cycle

(18.) \$ _____

(19.) \$ _____

(20.) \$ _____

IN-KIND CONTRIBUTIONS & EXPENDITURES

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

(6.) \$ 0

(21.) \$ _____

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

(7.) \$ 0

(22.) \$ _____

EXPENDITURES

8. Expenditures

a. Itemized (Schedule 1B, Column 6)

(8a.) \$ 3,061.03

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

(8b.) \$ 0

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

(8c.) \$ 0

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

(9.) \$ 3,061.03

(23.) \$ _____

INCIDENTAL EXPENSE DISBURSEMENTS
(Officeholders Only)

10. Disbursements

a. Itemized (Schedule 1C, Column 6)

(10a.) \$ 0

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

(10b.) \$ 0

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

(11.) \$ 0

(24.) \$ _____

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 1E)

(12a.) \$ 0

b. Owed to the Committee (Schedule 1E)

(12b.) \$ 0

BALANCE STATEMENT

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

(13.) \$ 0

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

(14.) + \$ 3,220

15. SUBTOTAL Add lines 13 and 14

(15.) = \$ 3,220

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

(16.) - \$ 3,061.03

17. ENDING BALANCE

(Subtract line 16 from line 15)

(17.) \$ 158.97



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 80032
2. Committee Name Austin Mack Committee

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 6/23/16

Name & Address:

Linda Stock
9289 Crabb Rd
Temperance, MI 48192

\$ 40.00 \$ 40.00

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 6/23/16

Name & Address:

Nathalie Lake/Jacobs
6648 Sandybell Drive
Temperance, MI 48192

\$ 40.00 \$ 40.00

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 6/23/16

Name & Address:

Timothy Janney
3818 Consar Rd
Lambertville, MI, 48144

\$ 100.00 \$ 40.00

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 6/23/16

Name & Address:

Karen Andres
6411 Centennial Drive
Temperance, MI 48192

\$ 40.00 \$ 40.00

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

160.00

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

3,220

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 80032
2. Committee Name Austin Maule Committee

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 <u>6/23/16</u>	
Name & Address: <u>Carly Patterson</u> <u>592 Tower View Ct</u> <u>Temperance, MD 48102</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" 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 <u>6/23/16</u>	
Name & Address: <u>Suzanne Desmond</u> <u>6388 Mairfield Dr.</u> <u>Temperance, MD 48102</u>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>N/A</u>		Click Here for Memo Itemization	
Business Address <u>N/A</u>			
Type of Contribution: <input checked="" 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 <u>6/23/16</u>	
Name & Address: <u>James Edgell</u> <u>5948 Reinwood</u> <u>Toledo, OH 43613</u>		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" 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 <u>6/23/16</u>	
Name & Address: <u>Suzanne Desmond</u> <u>842 E. Dean Rd.</u> <u>Temperance MI, 48102</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Submitted 640.00
Grand Total of All Schedules 1A 3,220
(Complete on last page of Schedule 1A)



1
MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1 Committee ID Number

80032

2 Committee Name

Austin Mack Committee

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

3 Amount

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

3 Contribution #1 PAC Receipt? ☐ YES

4 Date of Receipt 6/23/16

Name & Address

Linda Guilford
1004 Grove St.
Defiance, OH 43512

1,000

1,000

5 If over \$100.00 cumulative, please provide:

Occupation Retired

Employer N/A

[Click Here for Memo Itemization](#)

Business Address

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

3 Contribution #2 PAC Receipt? ☐ YES

4 Date of Receipt 6/23/16

Name & Address

Debra Shinkle
9441 Secor Rd.
Temperance, MI 48184

50.00

50.00

5 If over \$100.00 cumulative, please provide:

Occupation

Employer

[Click Here for Memo Itemization](#)

Business Address

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

3 Contribution #3 PAC Receipt? ☐ YES

4 Date of Receipt 6/23/16

Name & Address

Manda Mack
504 S. Lebanon
Bryon, OH 43506

100.00

100.00

5 If over \$100.00 cumulative, please provide:

Occupation

Employer

[Click Here for Memo Itemization](#)

Business Address

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

3 Contribution #4 PAC Receipt? ☐ YES

4 Date of Receipt 6/23/16

Name & Address

Jason Mack
1090 Westbrook Dr.
Perrysburg, OH 43551

50.00

50.00

5 If over \$100.00 cumulative, please provide:

Occupation

Employer

[Click Here for Memo Itemization](#)

Business Address

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

Page Subtotal

1,200

3,220



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee ID Number

80032

2. Committee Name

Austin Malle Committee

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

3. Amount

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

3. Contribution #1

PAC Receipt?

☐ YES

4. Date of Receipt

6/23/16

Name & Address:

Karen Williams
7212 Hidden Valley Dr.
Lansing, MI 48144

75.00

75.00

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

6/23/16

Name & Address:

Joanna UHL
1355 Meadow Rd.
Dundee, MI 48131

100.00

100.00

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

6/27/16

Name & Address:

Olivia Andres
5715 Castle Hill Dr Apt 821
Indianapolis, IN 46250

25.00

25.00

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

5/24/16

Name & Address:

Austin Malle
6388 Muirfield Dr
Tempe, AZ 85284

250.00

250.00

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

Click Here for Memo Itemization

Occupation

N/A

none

Employer

N/A

Business Address

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

450.00

3,220

80032
Austin Macc Committee

7/14/16

Austin Macc
6388 Maurfield Dr.
Temperance ME 48182

300.00

550.00

None

N/A

N/A

X

~~8/27/16~~

7/05/16

Suzanne Desmond
6388 Maurfield Dr
Temperance, ME 48182

300.00

800.00

None/Retired

N/A

N/A

X

7/13/16

Brenda Macc
6388 Maurfield Dr
Temperance ME 48182

120.00

120.00

Student Support
Coordinator

Bedford Public Schools

X

7/7/16

Theresa Gabriel
1205 Independence Rd.
Toledo Oh 43607

50.00

50.00

X

770.00

3,220



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 80032
2. Committee Name Austin Mack Committee

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Quimby's Food and Spirit</u> Address <u>3536 W Sterns Rd.</u> <u>Lambertville, ME 48182</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Deposit/room rental</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/26/16</u> Date	\$ <u>100.00</u>
Expenditure #2 Name <u>Quimby's Food and Spirit</u> Address <u>3536 W Sterns Rd.</u> <u>Lambertville, ME 48182</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Food / Beverage</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/23/16</u> Date	\$ <u>640.40</u>
Expenditure #3 Name <u>Bedford press</u> Address <u>3363 Hemmingsway Ln.</u> <u>Lambertville ME 48144</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>News Paper AD</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/09/16</u> Date	\$ <u>240.00</u>
Expenditure #4 Name <u>Committee to Elect Paul Pirrone</u> Address <u>PO Box 55</u> <u>Samaria, ME, 48177</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertisement</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/11/16</u> Date	\$ <u>325.06</u>
Expenditure #5 Name <u>HELP Printers</u> Address <u>9673 Lewis Ave</u> <u>Temperance ME 48182</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Signs, Brochures, Mailer</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/16/16</u> Date	\$ <u>1,513.34</u>

Subtotal this page

2,818.80

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

3,061.03

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee ID Number 80032
2. Committee Name Austin Muck Committee

3. Name and address of person or vendor to whom paid	4. Purpose (Required information)	5. Date	6. Amount
Expenditure #1 Name <u>Gene stock sports</u> Address <u>9289 Crabbe Rd</u> <u>Temperance, MI 48868</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>T-shirts</u>	Date <u>6/30/16</u>	<u>70.00</u>
Expenditure #2 Name <u>HELP Printer</u> Address <u>9673 Lawd Ave</u> <u>Temperance MI, 48862</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Brochures</u>	Date <u>7/13/16</u>	<u>173.03</u>
Expenditure #3 Name <u>Suzanne Dismant</u> Address <u>6357 Main St Dr.</u> <input type="checkbox"/> Fund Raiser	Purpose: _____	Date _____	_____
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____	Date _____	_____
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____	Date _____	_____

243.03

3,061.03

3061.89



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 80032
2. Committee Name Austin Mack Committee

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>6/23/16</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>50</u>	5. Type of Fund Raising Activity <u>Dinner</u>	6. Address and Name (If any) of the place where the activity was held. <u>Quimby's Food and Spirits</u> <u>3536 Sterns Rd</u> <u>Lambertville, ME</u> <input type="checkbox"/> Private Residence <u>48144</u>
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7. Total Contributions \$ 2,260
8. Other Receipts 0
9. Gross Receipts (Add lines 7 and 8) \$ 2,260
10. Total Cost of Event \$ 640.46
(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.