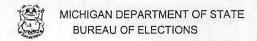


CANDIDATE COMMITTEE

FOR OFFICIAL USE ONLY

COVER PAGE

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by andidate. 3. This Statement covers From	n: 4/29/16 to 7/17/16		
Committee I.D. Number \$0032 Committee Name Austin Mack Committee	tee Bedford To	4. Candidate Last Name First Name M.I.		
Committee's Mailing Address 388 Muir Field Dr. CMP Lance, M.E. 4818L Area Code and Phone 137-347- the address in this box is different from the commitailing address on the Statement of Organization, resent to this address by the filing official.	Temperana, /	ack .		
Treasurer's Business Address	8. Designated Record keeper Designated Record keeper)	r's Name and Mailing Address (If the committee has a		
rea Code and Phone	Area Code and Phone	9e. Dissolution of Candidate Committee		
Pre-Election OR 9b. Post-Election -Election or Post-Election Statement relates to: -Election or Post-Election Statement relates to: -Election or Post-Election Statement relates to:	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.)	By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no oustanding assets, owes no lates fees or has any oustanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution		
\our knowledge and belief the contents are true,	accurate and complete.	nent and attached schedules (if any) and to the best of		
rrent Treasurer or signated Record keeper Austin A Type or Print Name andidate Austin Macu	Signature Signature	Date 7/20/16		

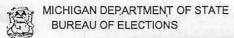


SUMMARY PAGE

1. Committee I.D. Number 80032

2. Committee Name Austin Mack Committee

CANDIDATE COMMINITATE		
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.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(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	7	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>6</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
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.)\$	
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.)\$O	
	BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.)+\$ 3,220	
(Line 5, Total Contributions & Other Receipts)	7 770	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ 5, 6	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	
17. ÈNDING BALANCÉ	106 00	
(Subtract line 16 from line 15)	(17.) \$	



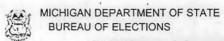
ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

1. Committee I.D. Number

CANDIDATE CO	MMIIIEE 2	. Committee Name	will for	LU COMPITAL
Enter contributor's name and address. If cont middle initial. Check box to indicate if contributions reg	ution is from a Political Committee		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Business Address	Loan from a person YES 4. Date of Receipt by (1) e: mployer	Und Raiser 6 / 23 / 1 C	s 40-00	\$ 40.00 The Memo Itemization \$ 40.00 The Memo Itemization
Type of Contribution: Direct	Loan from a person	Fund Raiser	<u>_</u>	
Contribution #3 PAC Receipt? [ame & Address: Timothy Junney 38/8 Conscar Rd Lumbert Ville, MC, 48 6. If over \$100.00 cumulative, please providence provide	144	6/13/16	\$ (\mathcal{D}\). \(\partial\) Click Here for	\$Memo Itemization
Type of Contribution: Direct	Loan from a person	Fund Raiser		
Contribution #4 PAC Receipt? [lame & Address Careh Andres Gull Centernial Driv Temperance, MD 4 If over \$100.00 cumulative, please provided in the contribution of the contri	YES 4. Date of Receipt (SI) de:	6/23/10	\$ 40.00	\$
Occupation	Employer	und Paicer	Click Here for	Memo Itemization
Type of Contribution: Direct	Loan from a person	und Raiser	11.0 2	
		Page Subtotal	160,00	

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

Enter this total on line 3a of Summary Page.



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number Sou 31
2. Committee Name Awfn Maur Conmittee

Fi.

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 6/2/16 Name & Address: Corly futterson SQL tour view CT Temperana, MD 49/9L 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$ SO_OO Click Here for	\$Sv. Or or Memo Itemization
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 Suzanne Desmand 6388 Muintield Dr. Temperane, ME 4819L 5. If over \$100.00 cumulative, please provide: Occupation Retired Employer Business Address N/A	\$ Soo. Oo Click Here fo	\$ Sov. 60 or Memo Itemization
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: School Edsell SGAP Rein word Tolldo, OH 43613 5. If over \$100.00 cumulative, please provide: Occupation Employer	s <u>L/O. Cv</u> Click Here for	s <u>Ho</u> ov r Memo Itemization
Type of Contribution: Direct Loan from a person Tund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6/23/16 Name & Address Julia Das Mond & 4 F. Dan Rd. Tamper from the communication, planes provide: Occurrence Busyness Schless The of Societies Nices		So. ov
Type of Contribution Thom from a person Turnd Raine Fugo Substitution	2 121	

80032 Austin Macle Committee

CAMDIDATE COMMITTEE 6/23/16 3. Contribution # 4 Linda Guilford 1009 Grove St. Defiunce, OH 43512 1,000 1,000 Actived X Farma Malater 6/23/16 Debra Shinkle 50.00 9241 Scior Rd. SU. 00 Temperaru, MI 4818L X Fund Figise Type of Contribution: X 6/23/16 Manda Mack 160.00 100,00 Sog 5 Lebanan Bryon, 04 43506 Jason Mack Dr. 1090 Westbrook Dr. 50.00 50.00 Perrysburg, OH 43551 X 1,200

MICHIGAN CEPARTNERS OF GRAVE

ACHBAN DEPARTMENT OF STATE 80032 SCHEDULE 1A Austin Mack Committee CAMBIDATE COMMITTEE 6/23/16 A Date of Receip Karen Williams 7212 Hilden Valley Do-Lamos ertville, MF 49144 75.00 75.00 Loan from a person X Fund Raiser Type or Contribution: X Direct Joanna UHL 100.00 100.00 1355 Meanwell Rd. Dunder, MI 48631 Eusiness Address 4. Date of Receipt 6/47/16 Olivia Andres 25.00 21.00 STIS Cuitle Hill Dr Att 841 Indianapoli, Lin 46250 Austa mace 6388 muirtied dr 250-00 26007

Temperanc, MI YSIPL

N/A nonc N/A

N/A

51 - W Turner - W L/9

450.00

4 8

Type of Contribution: X pire

20032 Austin Much Committee

7/14/16

Austin Macu 6388 Muir Field dr. Temperane MD 4818L

300.00 550.00

None

NA

 N_{l}

7/05/16

Suzanne Desmord 6394 Marriell der Temperane, MC 4918L

700.00 goo.00

None/Retired

MA

NO

7/13/16

Brenda Maca 6388 mujetició De Temperane Mt 48182

[LO.00 | Lu.ov

Student Chaport Lourdinatur Bedford Public Schools

 χ

7/7/16

Theresa Gabriel Los Independence Rd. Polcolo oh 43800

SO. 00 SO.01

X

770.00 3, 2ho

5 8



SCHEDULE 1B

1. Committee I. D. Number 908 32

2. Committee Name Austin Mack Committee

CANDIDATE COMMITTEE 2.C	ommittee Name / TW Th / Vla	ce with the
3. Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date 6. Amount
Name Quimby's First and Spirit	Purpose: DePosit/roum rental	S/26/16 \$ 100.00
Address 3536 W Stern, Rd. Lambertville, MC 48187	Shek?	Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #2 Name Quimby First and Spirit	Cont /12	6/23/16 \$ 640.40
Address 3536 is Stern, Md. Lambertviuc, Mt YVISH	Click F	Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	·
Expenditure #3 Name 13 ed Pres		7/08/16 2 1/0
Address 7369 Hemmins way Lh	Purpose: News Puper AD	7/08/16 \$ 2 40.0
Lamberto the AT 48144	Click F Check box if this expenditure is payment of debt or obligation reported on previous statement	Here for Memo Itemization Type
Expenditure #4 Name Committee to Elect Paul Pirrone		7/11/16 \$ 325.06
Address Po Box 55	Purpose: ADverkisment	
Sumaria, MI, 48/77	Check box if this expenditure is payment of	Here for Memo Itemization Type
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #5 Name #FLP Printer	<i>C</i> 12 /	7/6//16:1 (1334
Temperana MC 48182	Purpose: Signs, Brochurs, Mailer Click	Date 1,3,7,7
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	200
	Subto	stal this page 3 8 10 ×10

Subtotal this page

Grand Total of all Schedules 18 (Complete on last page of Schedule)

3,061.03

Enter this total on line 8a of Summary Page

Dage G of S

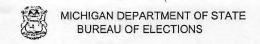
ITEMIZED EXPENDITURES SCHEDULE 15

Sw31 Austin Macle Committee

3. Name and eddress of posson or vendor to whom paid.	Compile Name / Tush P / O Fursose (Required Information)	5. Date . B. Amoust
Netro Gene stock sport	Fisher F	6/30/16 70.00
9289 Crass Rul Temperana, Mt Yslot	Oneok box in this expenditure is payme Rept or obligation reported on previous statement	Click filers for Memo demization Type
Expanditure #2 Name Help Printer; Address GC 72 / 1 1 1 1	Bochwes	7/13/16 173-07
9673 Lawo Ave Temperance MI, 4518L Fund Roland Extraorditions 43	Chack box if this exponditure is paym debt or obligation reported on previous scatament.	Clips Here for Me _n ro Itemization Type is a
Addrages American Services And American Services	Purpose:	Dale
Fund Rollser	Check box if this expenditure is pevin lead or obligation reported on previous setement	Check Here for thumping mization Try (
Expenditure #4		
Name Address	Fuspose	Sum \$
☐Fund Ralser	Chack box l'able expendique la payer Tion on chégation reported de province emperatur	Cition Here for Querry (Astropolice Type)
Addresa		5
Hirling Waterer	Coars, box if this appearing a re-	Cas Pernant Well's Generals (1924)
		243-03

i Commidee III. Number

3,061.89)



FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number 96032
2. Committee Name Austin Mack Committee

	- USE A SEPARATE SH	EET 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. Quinby's Food and SP. 3536 Storn Dd lumbertville MD Private Residence
	ontributions and All Expenditures	HC Made For the Event)	
Co-Sponsor(s)	oint fund raiser and complete the Contribution S (%)		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.

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