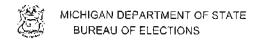


CANDIDATE COMMITTEE

FOR OFFICIAL USE ONLY

COVER PAGE				
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and compared to the treasurer (or designated record keeper).	signed by andidate.	3. This Statement covers From	m: 6-1-2016 to 7-17-	2016
Committee I.D. Number		4. Candidate Last Name	First Name	M.J.
		WELLIN	6- EEORGE	
		1 0 0	istrict # or Community Served (If applicable)	
2. Committee Name			INSHIP FREY STE BURIED	TRUSTE
C.MMITTEE TO ELECT		DED, ONE YOU		, occ siles
GEORGE WE	ELLING	4b. County of Residence	MONROE	
5. Committee's Mailing Address		6. Treasurer's Name & Resid	lential Address	
8390 LAMBERT DR		DALE B	BARTIN	
LAMBERTVILLE, MI	18144	7836 SUMI	MERFIELD RD.	16
		LAMBERT	TVILLE, MI 4814	‡ 🤨 خ
Area Code and Phone 419 - 779 - 7	1246		action —	
Area Code and Phone 4/9 - 779 - 7	illee		õ-	<i>∧</i> ::-
mailing address on the Statement of Organization, rebe sent to this address by the filing official.	mail may	Area Code & Phone 73	4 854 3825 ars Name and Mailing Address (If the committee	N : ₹
		A D i i i i i i i i i i i i i i i i i i		
7. Treasurer's Business Address		 8. Designated Record keepe Designated Record keeper) 	r's Name and Mailing Address (If the committee	hasa
		Designated Record Recper)	<i>=</i> ;	<i>;</i>
				= , =
				4.
				`
Area Code and Phone		Area Code and Phone		
9. TYPE OF STATEMENT			9e. Dissolution of Candidate Committee	
9a. Pre-Election OR 9b. Post-Election	Required ON is not on the	ILY if candidate	By checking this item I/We certify any out	Istandina debt
Te-Election on 95.	current year		by the committee to the candidate or his or he by discharged and forgiven, and no longer col	er spouse is here
Pre-Election or Post-Election Statement relates to:			the committee. The committee has no oustan	iding assets,
⊠Primary	July Quart	епу	owes no lates fees or has any oustanding deb	t.
	October C	uarterly		
General		,	Further, If the dissolution cannot be granted, it considered a request for the Reporting Waiver	
Convention				
Special	9c. Annua	il Statement ()	Effective date of dissolution	
School		Coverage Year	Ellective date of diszolation	
Caucus	Amen	dment to Campaign Statement		
	(Com	olete Item 9a, 9b, 9c or 9e to	Note: The disposition of residual funds must be	se reported on
	amend	te which Statement is being ded.)	Schedule 1B and the Summary Page.	.
Date of Florian Convention or Covers		,		
Date of Election, Convention or Caucus				
8-2-2016				
10. Verification: I/We certify that all reasonable diligration my/our knowledge and belief the contents are true,			ment and attached schedules (if any) and to the I	pest of
Current Treasurer or	10-11	11/12/2	12.1	/.
Designated Record keeper PALE B	AKTON	1. L. C. C.	7120 Date 7/20	116
Type or Print Name		Signature		
		121	1. 1/2 . 1/2	1.
Candidate GEORGE WELL	IN 6-	1-/ Xun . it .	Celic Date // 20/	16
Type or Print Name		Signature		



1. Committee I.D. Number

SUMMA	\RY	PAG	Έ
CANDIDATE	CO	TIMN	TEE

tommittee to check George, We 2. Committee Nam. RECEIPTS Column I Column İl This Period Cumulative this election cycle 3. Contributions 1500,00 (3a.) \$ a. Itemized (Schedule 1A - Column 6) b. Unitemized (less than \$20.01 each - no Schedule) (3b.) \$ NOT APPLICABLE (3c.) \$ (18.) \$ _____ c. Subtotal of "Contributions" (19.) \$ _____ 4. Other Receipts (Schedule 1A -1, Column 6) 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (20.) \$ (Add Line 3c + Line 4) IN-KIND CONTRIBUTIONS & EXPENDITURES (21.) \$ _____ 6. In-Kind Contributions (Schedule 1-IK, Column 7) (22.) \$ 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) (7.) \$ EXPENDITURES 8. Expenditures (8a) \$ 1630.66 a. Itemized (Schedule 1B, Column 6) (8b.) \$ _____ b. Itemized Get-Out-the-Vote (Schedule 1B-G) c. Unitemized (less than \$50.01 each - no Schedule) 19.1 \$ 1630.66 (23.) \$ ____ 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) 10. Disbursements (10a.)\$ _____ a. Itemized (Schedule 1C, Column 6) b, Unitemized (less than \$50.01 each - no Schedule) (10b.) \$ _____ 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) (24.) \$ _____ (11.) \$ ___ DEBTS AND OBLIGATIONS 12. Debts and Obligations a. Owed by the Committee (Schedule 1E) 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.) 1655,00 (14.) + \$ 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) (15.) = \$_ 1655.00 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number 800 47

CANDIDATE COMMITTEE	2. Committee Name	COMMITTEE	Ti	FLECT	GEORGE	WELLI
CAMDIDATE COMMINITIES						

CANDIDATE COMMITTEE 2. C	ommittee Name (Cimplitit	to to filect	CECKCE	WELL! NO
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the composition (Chec	mittee OR b. Debts	s and obligations owed <u>to</u> or rpose checked.)	r forgiven <u>by</u> the cor	nmiltee.
3. Name and Mailing Address of person, vencor 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	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount	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)
provide information regarding the endorsers or guarantors, if any.	of debt			
Debt #1 Corp? Yes Owed to or by:	PURCHASED 4. Type: OFFICE MHTO	** \$		
CEORLE WELLING 8390 LAMBERT	5. Date Debt Was Incurred:	\$		
LAMBERTVILLE, MI	6. Original Amount of Debt	\$	s_O_	s 47.39
43144	s 47.39	\$		FORGIVEN
ff bank loan, name of endorser or guarantor.		\$ Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type:	\$		
	5. Date Debt Was Incurred:	\$		
	8. Original Amount of Debt:	\$	\ _{\$}	\$
	\$	\$		FORGIVEN
If bank loan, name of endorser or guarantor:			nount Endorsed: \$_	
Debt #3 Corp? Yes	4. Type:	\$		
Owed to or by:	5. Date Debt Was Incurred:	\$		
	S STATE AND LAND L	\$		
	6. Original Amount of Debt:	\$	\$	FORGIVEN
	V	\$		
If bank loan, name of endorser or guarantor:		Ar	mount Endorsed; \$_	
		Page Subtotal	(Outstanding debt)	47.39
(Co	omplete on last page of Schedule s	Grand Total howing amounts owed by d	of all Schedules 1E or to the committee)	
				Enter this total on line 12a "owed by" or line 12b

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.

"owed to" of the Summary Page

Page _____ of ____



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number <u>800</u>47

2. Committee Name COMMITTEE TO ELECT GEORGE WELLING

CANDIDATE COMMINITTEE				
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com (Chec	mittee OR b. Debts ck either a or b. Use only for the pur	and obligations owed <u>to</u> pose checked)	or forgiven <u>by</u> the cor	mmittee.
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 endorsers 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? Yes Owed to or by: GECKGE WELLING 9390 LAMBERT LHAIBERT VILLE MI 43144	4. Type: ST NAME TIKES 5. Date Debt Was Incurred 6. Original Amount of Debt \$ 27.45	\$ \$ \$	sO	\$ <u>27.45</u>
If bank loan, name of endorser or guarantor;		\$An	nount Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by:	PURCHASED 4. Type: SIGGS	\$		
CERREE LUIELLING 8930 LAMBERT LAMBERTVILLE, NI 48174	5. Date Debt Was Incurred: 6. Original Amount of Debt: \$ 491.46	\$ \$ \$	\$ <u>O</u>	\$ <u>491.46</u> FORGIVEN
If bank loan, name of endorser or quaranter:			mount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by: 6 E e RUE WELLING 8930 LAMBERT T LAMBERT VILLE, 1911 48144	4. Type: WEBSITE 5. Date Debt Was Incurred: 7/3//6 6. Original Amount of Debt: \$ 155.00	\$ \$ \$ \$ \$	155,60 \$	\$ FORGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: \$_	
•				1

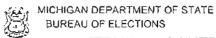
Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E (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.

Page / of 2

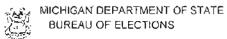


CANDIDATE COMMITTEE

1. Committee I.D. Number 800 47

2. Committee Name COMMITTEE TO ELECT GEORGE WELLING

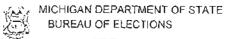
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt Name & Address: MIKE NELSON 7663 DOUGLAS		
CAMBERTVILLE, MI 48144	\$ 20,00	\$ 20,00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6 / 4 / 16 Name & Address C-ECRCE WELLING 8370 LAMBERT DR.	\$ 400.00	\$
LAMBERTVILLE, MI 48144		
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation DRIVER Employer FINISH MITSTER		
Business Address 1803 ADAMS ST. TOLEDO OH		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6/6/16 Name & Address: GREG- OBERIE 7624 VERMA LAMBERTVILLE, MI 48144	\$ 20.00	\$
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 6/6/16 Name & Address GARY LAMUNYON 1126 FIRECREEK CT. TEMPERANCE, MI 48182	\$20.00	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
OccupationEmployer	,	
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	460.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule) Page of	1500, CO Enter this total on fine 3a of Summary Page.	



CANDIDATE COMMITTEE

2. Committee Name CUMMITTEE TO ELECT GEORGE WELLING

2. Committee Name	الماسا و المرابر المرابر	er care action
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 6/6/16 Name & Address: C-EORC-E LIND 4041 HERMAN PL. TOLEPO OH 43612	\$ 5.00	§
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here for	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6/20/16 Name & Address DALE BARTON 7836 SUMMERFIELD RD.		
LAMBERTVILLE, MI 48144	\$ 50.00	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3 Contribution #3 PAC Receipt? YES 4. Date of Receipt 6/20/16 Name & Address: TOM MEINHART 2025 STATELINE TEMPERANICE, IN 1 48182 5. If over \$100.00 cumulative, please provide:	s 250:00 Click Here for	\$ r Memo Itemization
-		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 6/20/16 Name & Address (-EURLE WELLING 83/0 LAMBERT DR. LAMBERT VILLE, MI 48144 5. If over \$100.00 cumulative, please provide: Occupation DRIVER Employer	\$ /90.00 Click Here fo	\$ r Memo Iternization
штрюуст		
Business Address Type of Contribution: Direct		
Page Subtotal	495,00	
Grand Total of All Schedules 1A	737,60	_



CANDIDATE COMMITTEE

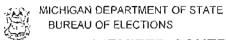
1. Committee I.D. Number 80047

1. Committee I.D. Number 8004/
2. Committee Name COMMITTE TO EXECT GEORGE WEAR

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7/1/16 Name & Address: DAVE BODETTE 7146 EAGLE POINT LANE TEMPIERANCE MI 24818	\$ 50,00	c
5. If over \$100.00 cumulative, please provide:	\$ <u></u>	3
Occupation Employer	Click Here fo	r 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//K Name & Address DAWN BARTON 7336 SHMMERFIELD RD		
LAMBERTUILLE, MI 48144	\$ 5,00	\$
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 7/8/16 Name & Address: DR. DENNIS WHRNER		
7941 LEWIS HUE TEMPERANCE, MI 48182	\$ /00.00	\$
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 7/8//6		
4231 LITTLE STREAMS		
LAMBERTVILLE, MI 48144	\$ 50,00	\$
5. If over \$100.00 cumulative, please provide:	Click Hara for	Memo Itemization
Occupation Employer	Official Here IOI	Wello Remization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	205.00	
Grand Total of All Schedules 1A		

(Complete on last page of Schedule)

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CANDIDATE COMMITTEE

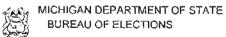
1. Committee I.D. Number 30047

2. Committee Name COHMITTEE TO ELECT GERREWELLING

O'ATE OF THE STATE		
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7 Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7/6/16 Name & Address: KYLIE WELLING 3039 CHISHELM TR. CHELSEA, MI 48118	s 50.00	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer	Ollok Hoto to	TWO TO THE MEDITOR
Business Address Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/11/16. Name & Address MARCERY COUSINO 7849 COMPNCHE TR. TEMPERANCE, MI 48182	\$ 50,00	\$
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 7/7/16. Name & Address: AMY PANOZZO 1042 BEAR LAICE RD. MUSKEGON, MI 49445 5. If over \$100.00 cumulative, please provide: Occupation Employer	s /00 ,00	\$ Memo Itemization
Business Address		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/11/16 Name & Address DUIG POMPILI 3345 QUAIL HELLEW LAMBERTVILLE, MI 48144	\$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	250.00	
Crond Total of All Schodulas 1A		-

(Complete on last page of Schedule)

Enter this total on



CANDIDATE COMMITTEE

1. Committee I.D. Number 30047

2. Committee Name COMMITTEE TO ELECT C-ECRGE WELLA

Francisco de la constanta de l	· · · · ·	
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each
Committee (PAC) Report all contributions regardless of amount.		Contributor (Through
		date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7/6/16		
Name & Address: RICH SCHRCEDER		
6809 LICKMILL RD.		
TEMPERHNCE, MI 48182	\$ 50.00	\$
5. If over \$100.00 cumulative, please provide:		
Occupation Employer	Click Here fo	r Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		ĺ
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/6/// Name & Address DENNIS OSUALT		
3201 SPRING BROOK OR.	\$ 50.00	
LAMBERTVILLE, 141 48144	\$ 507	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		,
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt		
Name & Address:		
	\$	\$
		_
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employee		
Occupation Employer		
Business Address		
Type of Contribution. Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address		
	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
· · · · · · · · · · · · · · · · · · ·		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	100.00	'
l de la companya de	•	1

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

Enter this total on



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 80047

2. Committee Name C. CMM ITTEE TO ELECT CEURLE WELLIN

CANDIDATE GOMINITTEE	2. Committee Name COMMITTEE TO DECICE OF CALORCEE OF
3. Name and address of person or vendor to whom paid	Purpose (Required Information) 5. Date 6. Amount
Expenditure #1	
Name HARLAND CLARKE	6/22/2018 24.05
Address	Purpose. CITECKS Date
15 455 LA CANTERA PKWY.	Click Here for Memo Itemization Type
SAN ANTONIO, TX 78756	Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
Expenditure #2	, .
Name H.E.LP. PRINTERS, INC.	6/20/16 \$ 329.25
Address 9673 LEWIS AVE.	Purpose: POST CARDS Date
TEMPERANCE, MI 48182	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous
Expenditure #3	statement
Name MAIL WORKS II	POST CARD 6/15/16 \$ 556.06 Purpose: POSTAGE & SCRTING Date
Address N, WESTWOOD	Purpose: POSTAGE & SORTING Date
TOLEDO, 64 43607	Click Here for Memo Itemization Type Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous stalement
Expenditure #4	and on the second secon
Name ENGRAVED IMAGE	6/23/16 \$ 27.45
Address 6906 LEWIS AVE	Purpose: NAME TAG-S Date
TEMPERANCE, M 48182	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement
Expenditure #5	otation.
Name HELP, PRINTERS	Purnose: YARD 516-NS Date \$491.46
Address SIE73 LEWIS AVE	Purpose: YARD SIGNS Date Date
TEMPERANCE, MI 48182	Click Here for Memo Itemization Type Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous
	Subtotal this page 1428.27
	Greed Total of all Cabadulas 4B
	(Complete on last page of Schedule) /630.66

Enter this total on line 8a of Summary Page

Page ___ of ____



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 800 47

2. Committee Name COMMITTEE TO ELECT GEORGE WELLING 3. Name and address of person or vendor to whom paid 4. Purpose (Required Information) 5. Date Amount Expenditure #1 Name WIX, COM Purpose: WEB PAGE PO BOX 40190 Click Here for Memo Itemization Type SHN FRANCISCO, CA Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #2 Name OFFICE DEPOT STORE 6113 Purpose: OFFICE SUPPLIES Address 845 W. ALEXIS RD. Click Here for Memo Itemization Type TOLEDO, OH 43612 Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser Expenditure #3 Name Address Purpose: Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #4 Name Date Address Purpose: ___ Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #5 Name Address Purpose: _ Click Here for Memo Itemization Type Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Subtotal this page 202.39 Grand Total of all Schedules 1B (Complete on last page of Schedule)

Enter this total



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 200 47

CAI	1DI	DAT	ſΕ	CO	MMI	TT	E	

2. Committee Name COMMETTEE TO ELECT GEORGE WELLING

CANDIDATE COMIN	ATTIEE 2. Committee Hame 325 Mary 155	
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.	155.00 \$
If over \$100.00 cumulative, please provide: Occupation: DI2(VEI2 Employer Name & Business Address: FINISH MASTEI2 1808 ADAM ST. TO LEDD, OH. Fund Raiser Contribution	Description <u>UED PACE</u> 5. Date Of Receipt; 7/3/2016 6. Vendor Name & Address:	ck Here (or Memo Itemization
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: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address: Ch	ck 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: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address:	ick Here for Memo Itemization
Fund Raiser Contribution		
	Page Subtota Grand Total of all Schedules 1-li (Complete on last page of Schedule	(() () ()
		Enter this total

on line 6 of Summary Page

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