?

CANDIDATE COMMITTEE COVER PAGE

.

.

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 of	covers From: 2 17 12 to 7 22 12 Mo Day Year Mo Day Year		
1. Committee I.D. Number フフダンン	4. Candidate Las	t Name Wilburn First Name WAlter M.I. C		
2. Committee Name Committee for Elect WALF Wilburn Supervisor	 4a. Office Sought Including District # or Community Served (If applicable) Bedford Twp. Supervisor 4b. County of Residence MONVOC. 			
5. Committee's Mailing Address 51 E. EVIE Rd. TEMPERAVICE MI 49182 Area Code and Phone 419-392-6793 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.	TAMMY	e & Residential Address LAMD HMUP Dr. 48187 rance MI 48187 e (734) 847-7203		
7. Treasurer's Business Address 2167 Stivup Dn Temperance, MI 48182 Area Code and Phone <u>734</u> 847-2203	8. Designated Record Designated Record MCG 812-3 LAM Area Code and Ph			
9. TYPE OF STATEMENT		9c. Annual Statement (Coverage Year)		
9a. 🛱 Pre-Election OR 9b. 🗌 Pos	t-Election	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)		
Pre-Election or Post-Election Statement relates to:				
Primary 🗌 Gen	eral	9e. U Dissolution of Candidate Committee		
Convention Sch	ool	Effective Date of Dissolution		
Special Cau	icus	Month Day Year		
Date of Election, Convention or Caucus <u>3</u> <u>1</u> <u>2</u> <u>Month</u> Day Year		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 i 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 a Schedules. Direct contributions, in-kind contributions, loans, e If any of the information listed in items 2, 4, 5, 6, 7, or 8 has ch amendment to the Statement of Organization should accompa before the filing deadline of a required campaign statement	all required Campaigr expenditures, and out anged since the info iny this Campaign St nt, that campaign st	a Statements. The Campaign Statements must include all applicable standing debts count against the \$1,000 Reporting Waiver threshold. mation was shown on the committee's Statement of Organization, an atement. If a request for a Reporting Waiver is not received on or atement cannot be waived.		
10. Venification: I/We certify that all reasonable diligence was a my/our knowledge and belief the contents are true, accurate a	used in the preparation	on of this statement and attached schedules (if any) and to the best of		
Current Treasurer or Designated Record keeper		Date 7 23 12		
Candidate WALTER C. WILburn	, Dalf	- William Date 7 23 12		
Type or Print Name	Signatur	e — Mo Day Year		

×

-

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STAT	Έ

v

1. Committee I.D. Nu	mber	77823	2	
2. Committee Name	Cam	mitter.	17	Flect
2 Committee Name	Com	manus	Cr	Cuch

Wait Wilburn Supervisor

SUMMARY PAGE CANDIDATE COMMITTEE

RECEIPTS	Column I This Period	Column II
3. Contributions	Æ.	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ \$ 44, \$ 80.00	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ (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	12 7 9 39	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>13,568.39</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.) \$ 3,568.39	(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	(11.) Ф	(24.) φ
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$ 700.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
 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.) + \$ - \frac{$24,880,80}{$2,880,60}$	
15. SUBTOTAL Add lines 13 and 14	$(15.) = \$ - \frac{4}{5} \frac{300}{5}$	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.)- \$ <u>* 3,568.39</u>	
(Subtract line 16 from line 15)	(17.) \$ 1,311.4	

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
. ITEMIZED CONTRIBUTIONS 1. Committee I.D. Number	11822	
SCHEDULE 1A CANDIDATE COMMITTEE 2. Committee Name Comm	utter to Elect	WALT WILburn
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 from committees 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 <u>2/17/1</u>		
Address: 51 E. ERIE Rd. Temperance, MI 48182		
5. If over \$100.00 cumulative, please provide: Occupation Twp. Supernson Employer Bedford Twp. Business Address 8100 Jack Man Rd, Temperane, MI48/83 Type of Contribution: Direct & Loan from a person Fund Raiser	# 700.ºº	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4/11/12 Name: Mary Ann McBu Address: P.O. Box 103 LAmbertville, MI 48144 5. If over \$100.00 cumulative, please provide:	\$ 100.00	
OccupationEmployer	t.	
Business Address		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt <u>4/11/12</u> Name: W1/10m Decker		
Address: 1951 W. ERIE Rd. Temperance, MI 48182	\$ 100.2.	
5. If over \$100.00 cumulative, please provide: Occupation Employer		
Business Address		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 47/11/12. Name: John Dye Address: 423 W.ERIERd., Temperance MI 48182		
5. If over \$100.00 cumulative, please provide: Occupation Retriced Employer Fond Muton	\$ 238	
Business Address Type of Contribution: Direct Loan from a person Image: Fund Raiser		
Page Subtotai Grand Total of All Schedules 1A (Complete on last page of Schedule)	1,130."	

Page_/__of__14

	MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
	ITEMIZED CONTRIBUTIONS 1. Committee I.D. Number	, 77822	
	SCHEDULE 1A	mm to Elect	WALF Wilbum
:			Jupp
	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 from committees regardless of amount.	6. Amount	7. Curnulative for Election Cycle for Each Contributor (Through date of receipt)
1	3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 473112-	-	
	Address: 1053 Mapleway Dr. Temperance, INI 48182-		
	5. If over \$100.00 cumulative, please provide:	#30,0	
	Occupation Employer		
	Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
	3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4/23/12-	-	
	Address: 7498 Ida East Rd., Ida, MI 48140		
	5. If over \$100.00 cumulative, please provide:	\$ 100.00	
	OccupationEmployer	<i>x</i> /00.	
	Business Address		
	3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 4/23/12	_	
-	Name: Richard Shuff		
	Address: 5244 Lynnhaven DR., Sylvania, 07+		
	5. If over \$100.00 cumulative, please provide:	\$ 20	
	OccupationEmployer		
	Business Address Type of Contribution: Direct Loan from a person X Fund Raiser		
	3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 4/23/12-		
	Address: 7705 Secor Rd, Lambertvik, MI 48144		
	5. If over \$100.00 cumulative, please provide:	\$ 25.00	
	OccupationEmployer		
	Business Address		
ļ	Type of Contribution: Direct Loan from a person Fund Raiser		
	Page Subtotal Grand Total of All Schedules 1A	175.00	
	(Complete on last page of Schedule)		-

•

Page_____ 14

Ξ.

ITEMIZED CONTRIBUTIONS

77822 1. Committee I.D. Number __

SCHEDULE 1A CANDIDATE COMMITTEE

2. Committee Name Comm. to Elect WALL Wilburn Super

	Enter contributor's name and address. If contribution is from an individual, enter tast 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 from committees 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 4/23/12- Name: DR. RICK 52C2491e15K1. Address: 1184 Birchwood DR. Temperance, MT 48182-		
	5. If over \$100.00 cumulative, please provide:	\$25.00	
	OccupationEmployer		
	Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
~	3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4/23/12		
	Address: 3480 Shadywood Circle, hambertnik, MI48144		
	5. If over \$100.00 cumulative, please provide:	\$50.0	
	Occupation Employer		
	Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
	-3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 423/12-		
	Address: 2740 Consear Rd. Lambertuik, MJ 48144		
	5. If over \$100.00 cumulative, please provide:	\$ 100.0	
	OccupationEmployer		
	Business Address		-
/	3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 4/23/12- Name: Virginic Harrouk + Abraham Harrouk		
1	Address: 2110 Anita Ave., brosse Pointe, Woods, WI 48236	# 300.00	
	5. If over \$100.00 cumulative, please provide:	# 300.	
	Occupation & Wher cab station Employer_ stat self-employed		
	Business Address Lewis Ave., Juniperave, MI 48182 Type of Contribution: Direct Dean from a person Defend Raiser		
ì	Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	475.00	

Page_3_of_14

			· · · ·
	MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
:	ITEMIZED CONTRIBUTIONS 1. Committee I.D. Number _ SCHEDULE 1A 2. Committee Name_Committee	77822 m. to Elect	WAIT WIIbum
Í	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 from committees regardless of amount.	6. Amount	7. Curnulative for Election Cycle for Each Contributor (Through date of receipt)
	3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 4/23/12 Name: Anthony Brescol Address: 1076 Washington Ave., Temperance, MI 48/82 5. If over \$100.00 cumulative, please provide: Occupation Employer	# 25.00	
	Business Address		
л. ⁸	3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 5/1/12 Name: Lawhere 0 DE11 Address: 7264 Chain Rd., Temperance, MT 48182- 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Fund Raiser	\$50. ⁷⁰	
	3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 4/23/12 Name: Thomas Mc Kenzle Address: 2220 Rauch Rd., Jengevarce, MI 48182 5. If over \$100.00 cumulative, please provide: Occupation	\$50.°°	
۰ میں ا	3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 4/23/12- Name: faul Baurauer Maryann Burgur Address: 8005 fag Run Ct., Tempuratur, Mt 48183- 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Employer Type of Contribution: Direct Loan from a person	\$50.00	
ŀ	Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	175.00	
]

Page 4 of 14

N

瀏

\$

	MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
•	ITEMIZED CONTRIBUTIONS 1. Committee I.D. Number	77822	
	SCHEDULE 1A CANDIDATE COMMITTEE 2. Committee Name COM		41+Wibburn
	CANDIDATE COMMITTEE 2. Committee Name COM	The ready w	Supr-
I	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 from committees 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 423/12 Name: Frank Aenold		
	Address: 726 E. Secondist., Moneve, MI 48161	-100	
	5. If over \$100.00 cumulative, please provide:	\$45.00	
	OccupationEmployer		
	Business Address Type of Contribution: Direct Loan from a person KFund Raiser		
_	3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4/23/17- Name: Upthia Mc Ilvan Address: 9334 balloway Dn. Lamburst Ville, MJ 48/44		
1	5. If over \$100.00 cumulative, please provide:	\$50.00	
	OccupationEmployer		
ļ	Business Address Type of Contribution: Direct Loan from a person Krund Raiser		
-	3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name: Florence Townsurd		
	Address: 8094 Monroe, Rd., Lamberton The, MT 48144	\$100.00	
	5. If over \$100.00 cumulative, please provide: Occupation OWRIZ Employer Townsend Carpet Business Address MORRIE Rd, Lambertville, MI 48144		
	Business Address / NOR ROC Roc, La mbertville, ML 48144 Type of Contribution: Direct Loan from a person Drund Raiser		
/	3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 4/23/12 Name: Brian Beverly		
	Address: 703 Mildred Ave. Jemphrane, MA 48182	\$ 200.00	
	5. If over \$100.00 cumulative, please provide:		l
	Occupation Suffering Langer Universal Wherete		
	Business Address 703 Mildred Ave. Jemperarce MT Type of Contribution: Direct Loan from a person Fund Raiser		
,	Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	*395.	
]

Enter this total on line 3 of Summary Page.

.

Page 5 of 14

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

2

ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number 77822 2. Committee Name Comm. to Elect. WAIt Wilburn Sup.

CANDIDATE 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 from committees 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 4/23/17-		
Address: 8819 Jack man Rd., Temperana, MI 48182-		
5. If over \$100.00 cumulative, please provide:	\$50	
OccupationEmployer		
Business Address		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4/23/17-		
Address: 8855 SECOR Rd., LAmber Iville, MI 48144	\$100.	
5. If over \$100.00 cumulative, please provide:	\$100.	
Occupation Retured Employer Self-employed Business Address awar Schutchause Common 6		
Business Address		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 4/2-3/12. Name: Christine Courgo Address: 7234 Hidden Valley Lambertville, MJ 48144		
5. If over \$100.00 cumulative, please provide:	\$ 100.	
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt <u>5/8/17</u> Name: Rolland y Susan Brown.		
Address: 8521 Crabb Rd., Temperana, MI 4818-		
5. If over \$100.00 cumulative, please provide: Occupation Office Mgr. Employer Rawling Htgs A/C.	\$ 200.	
Business Address		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$450	

Page 6 of 14

MICHIGAN DEPARTMENT OF STATE		
BUREAU OF ELECTIONS	77822-	
ITEMIZED CONTRIBUTIONS 1. Committee I.D. Number _ SCHEDULE 1A 2. Committee Name_(20 ML)	in to ITest	MATT M. Ihurn
CANDIDATE COMMITTEE 2 Committee Name_(/ / //	Incro Euch	Supr.
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 from committees regardless of amount.	6. Amount	7. Curnulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 5/30/17-		
Address: 6946 Meadow View LAmbertville, MI 48144	\$140	
5. If over \$100.00 cumulative, please provide:	170	
OccupationEmployer		
Business Address		
3 Contribution #2 PAC Beceipt? YES 4. Date of Beceipt 5/30/17-		
Name: Kent Cousina		
Address: \$673 Mary Meaduw Temperance, MI 48182	\$50	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 5/30/17-		
Address: 6948 Streamview DR. LAmbertville, MT. 48144	#100.	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Name: Jeff fourli		
Address: 8339 Jam Ct., Temperance, MI 4818]_	\$50	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Pirect Loan from a person Fund Raiser		
Grand Total of All Schedules 1A (Complete on last page of Schedule)	240.00	
		_
	Enter this total on	597

Page_7_of_14

.

AICHIGAN	DEPARTMENT	OF	STATE	

BUREAU OF ELECTIONS ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE 1. Committee I.D. Number 2. Committee Name With the Name	77822 n to Elect V	NATH Wilbum Supr
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 from committees regardless of amount.	6. Amount	7. Curnulative for Election Cycle for Each Contributor (Through date of receipt) >
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 5/31/12 Name: Heath Velliquette 4. Date of Receipt 5/31/12 Address: 1034 N. farle Temperancy MT 48182 5. If over \$100.00 cumulative, please provide: 0 Employer 1 Business Address	# 100	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 4/25/12 Name: Ammy LAmb Temperance, MI 48182 Address: 2/67 Stimup Dn. Temperance, MI 48182 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	\$ 100 ·	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/5/12- Name: 1) & na (d Basye Basye . Address: 8/673 Many Meadurs, Temperance, MT 5. If over \$100.00 cumulative, please provide: 4/8/82 Occupation Employer Business Address	# <i>[5</i> -7).	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7/9/12 Name: Michael Hellen Address: 2/67 5Amup Dn Temperance MI 48182 5. If over \$100.00 cumulative, please provide: Occupation Employer 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)	#100. *400.n	

.

Page______ of___14___

AICHIGAN	DEPARTM	ENT OF	STATE
NUMBER LL O	E PI FOTIC	1.10	

怎

ITEMIZED CONTRIBUTIONS 1. Committee I.D. Number	77822	
		1011 14/11- 00
CANDIDATE COMMITTEE 2. Committee Name	M TOERCA M	1417 VYI BURN
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 from committees 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 7/18/17- Name: Donald Busye Address: 8673 Many Meadows Temperance, MI 48182- 5. If over \$100.00 cumulative, please provide: Occupation 113 Abled. Employer	\$100.0	\$200. 12
Business Address		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt	1200.12	
3. Contribution #3 PAC Receipt? [] YES 4. Date of Receipt 117 14 Name: Cignetwa McIlvary McIlvary 12. Lâmburtrille, MI 48144 Address: \$334 Calluway 12. Lâmburtrille, MI 48144 5. If over \$100.00 cumulative, please provide: 0ccupation	\$ 30 12	\$ 80
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7/17/12 Name: fam Ryb Ka Address: 3258 Mina have Julido, 674 43613 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address	# 30. ^r ≞	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$ 340 W	-

Page _____ of _____

		•
MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS	4	
. ITEMIZED CONTRIBUTIONS 1. Committee I.D. Number	77822	
SCHEDULE 1A CANDIDATE COMMITTEE 2 Committee Name Com	m to Elict M	hit Wilburn
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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Er Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7/17/12- Name: Shurn Murr		
Address: 1053 Mapleway Dr., Je marce, MI 4/8/82	\$ 30 00.	\$ 60 00
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/17/12- Name: Lillian La Marche		
Address: 11200 Summerfield Rá, Petersburg, MII 49270		
5. If over \$100.00 cumulative, please provide:	* 90 00	
OccupationEmployer		
Business Address	1	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/17/12- Name: Marganet Smith.		
Address: 8125 Summerfield Rd. Lambertuille, MI	D D	
5. If over \$100.00 cumulative, please provide:	\$ 30.0	
Occupation Employer		
Business Address		с.
Type of Contribution: Direct Loan from a person Fund Ralser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/17/12-		
Address: 174 Marengo Dr Temperance, MI 1/8/82		
	46000	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$ 210.00	
		-

Page 10 of 14

MICHIGAN DEPARTMENT OF STATE

BUREAU OF ELECTIONS ITEMIZED CONTRIBUTIONS 1. Committee L.D. Number	77822	
SCHEDULE 1A CANDIDATE COMMITTEE 2. Committee Name	n to Elect WA	It Wilburn
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 from committees regardless of amount.	6. Amount	7. Curnulative for Election Cycle for Election Cycle for Election Cycle for Election Cycle for Election Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt //17/12- Name: SUBAM ('arroll') Address: 7819 Towbridge ('t Sylvania, 0H 43560 5. If over \$100.00 cumulative, please provide:	1300	
Occupation Employer Business Address / Type of Contribution: Direct Loan from a person Fund Reiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt7/17/12 Name: Craig Lamb Address: 2167 Stirrup Dr. Temperance, MI 48188 Address: 2167 Stirrup Dr. Temperance, MI 48188 5. If over \$100.00 cumulative, please provide: Occupation	¥ /00.00	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/17/12 Name: Tom Townsend	# 70°2	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 1/17/12- Name: Norb Abel Address: \$855 3.ecor Rd., Lambertville, MI 48144 5. If over \$100.00 cumulative, please provide: Occupation <u>Return</u> <u>Employer</u> <u>SelF-emplayed</u> Business Address <u>Mone</u> <u>School house Commont</u> Type of Contribution: Direct Loan from a person Fund Raiser	\$.40,00	\$ 140.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$240.00	

Page 11 of 14

		· :
MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS	ä.	
ITEMIZED CONTRIBUTIONS 1. Committee I.D. Number SCHEDULE 1A 2. Committee Name	77822	
SCHEDULE 1A	not to Mect	WALL Wilbur
CANDIDATE COMMITTEE		Sigerin
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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for E Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7/17/17-		
Address: 8756 Secor Rd., Lambertville, MJ 48144	6.0	
5. If over \$100.00 cumulative, please provide:	\$140.00	
OccupationEmployer		
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: Larry, Diana Wilburn Address: 8214 5. Storry Creek Carlet, MI 48117		
5. If over \$100.00 cumulative, please provide:	\$ W.C	
Occupation Employer		
Business Address		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 1/17/17 Name: Jun & Corryn Amenta Address: 3536 Lakeshore Dr. Newport, MI 48166		
5. If over \$100.00 cumulative, please provide:	\$60.00	
OccupationEmployer		ļ
Business Address		1
Business Address		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 7/17/12 Name: Deneral Wilkurn		
Address: 124 Caul Tor, Monrie, MI 48162		
5. If over \$100.00 cumulative, please provide:	# 30. ^r <u>e</u>	
OccupationEmployer		
Business Address		
Page Subtotal		
Grand Total of All Schedules 1A (Complete on last page of Schedule)	* 190.00	

.

Enter this total on line 3 of Summary Page.

Page 12 of 14

2

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS 1. Committee I.D. Number	77822	
	nn to Ele	et WATHWILDU
Enter contributor's name and address. If contribution is from an individual, enter last name, first name,	6. Amount	7. Cumulative for
middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	0. Autodix	Election Cycle for Ex Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? . YES 4. Date of Receipt 7/17/12- Name: Juanta Wilburn		
Address: 8435 Dearo Newport, MI 48164	\$ 30,00	
5. If over \$100.00 cumulative, please provide:	1	
OccupationEmployer		
Business Address		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/17/17-	l	
Address: 1.4 Cail Dr. Monrie, MI 48/62	# 30 TO	
5. If over \$100.00 cumulative, please provide:		1
OccupationEmployer		
Business Address		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 7/17/12-		
Name: LINdsey Longmun		
Address: 515 Toll St. Monroe, MI 48162	1140	
5. If over \$100.00 cumulative, please provide:	5140.00	
OccupationEmployer		
Business Address		
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: Laura Longnunk		
Address: 515 Toll St., Monroe, MI 48162-	\$ 30.00	
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	130.0	

Page 13 of 14

×

		• • •
MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS 1. Committee I.D. Number	77822	
SCHEDULE 1A CANDIDATE COMMITTEE 2. Committee Name Comm	nto Elect W	Alt Wy Iburn
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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Ea Contributor (Through date of receipt)
3. Contribution # 1 , BAC Receipt? YES 4. Date of Receipt 7/17/12- Name: Charle BilfOU Address: 2527 E. Labo Rd., New port, MI 48146	\$ 60.02	
5. If over \$100.00 cumulative, please provide:	5 QU /	
OccupationEmployer		
Business Address		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/19/12 Name: Ramy EIDI		
Advince 11113 Aurostick At Sulvania, 17+ 435700	\$ 250.00	
5. If over \$100.00 cumulative, please provide: Occupation <u>SUF long/unglatemployer Ammurcual</u> REALEState Business Address <u>Same as Above</u> . <u>Devlopen</u> .	2502.	
Occupation SUF Employer Ammuncular, REATESCAN		
Business Address Dume Dume Device Type of Contribution: Xpirect Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt		
Address:		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt		
Address:		
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	*310.00 4880.00	
	4880.00	

Page 14-of 14

MICHIGAN DEPARTMENT OF STATE

周

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
ITEMIZED EXPENDITURES	Committee I. D. Number 77822		
SCHEDULE 1B	committee Name Comm to Elect Wa	et Wilbur	~ Sucuran
CANDIDATE COMMITTEE			
3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1	\mathcal{D}^{1}		
Name Bedford Press	Purpose: PA- Adventising	3/22/12	\$ 29.95
Address 3363 Hemmingway Lambertville, MI 48144	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Lambertville, MI 48144	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name HOS Sports.	Purpose: PA T-Shurts	36210	\$71.55
Address 8952 Lewis Ave.	1-5MITS	100/10-	11
Temperance, MI 48182	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #3	102.0		
Name Pustmaster	Purpose:	31	~
Address Lambertville, MI 48144	Stamps	3/28/12	\$90.00
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name Bedford Twp. HM1	Purpose: RE H411 Rental	di	
•	HA11 Rental	1719/12	\$ 100.00
Address \$100 Jackman Rd.			
Temperanee.	Check box if this expenditure is payment of debt or obligation reported on previous	ļ	
Fund Raiser	statement		
Expenditure #5	I Ch Card NJ		
Name Krogen.	Purpose: 07FT Caral- 0.	11	A / λ
Name Krogen. Address Lambertville, MA	Purpose: 67F4 Card-D.J. ET	Hala	\$60.
K Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
		· · ·	351.50
	Subtotal th Grand Total to School		951.30

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

Page____of____

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE 3. Name and address of person or vendor to whom paid Expenditure #1 Name Kroger Address Lambertvilk, MET 481444 I. Committee I. D. Number 7787 I. Committee I. D. Number 1000000000000000000000000000000000000	nt
ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE 1. Committee I. D. Number	nt
SCHEDULE TB CANDIDATE COMMITTEE 2. Committee Name Commits Eluct WAIF Wilkurs 3. Name and address of person or vendor to whom paid 4. Purpose (Describe specific purpose and you may assign an Expenditure Code) 5. Date 6. Arnou Expenditure #1 Name Kroger FE 11 6.	nt
3. Name and address of person or vendor to whom paid 4. Purpose (Describe specific purpose and you may assign an Expenditure Code) 5. Date 6. Arnou Expenditure #1 Name Kroger FE 11 6.	nt
Expenditure #1 FE Name Kroger Purpose: FE	
Name Kroger Purpose: FE	98.
Address / ambertnik, mit ufgilter Purpose: FE H/19/12 # 19.	98.
Address ambertville part 481444 Cake 7/19/12-14.	90
Check box if this expenditure is payment of	
AFund Raiser debt or obligation reported on previous statement	
Expenditure #2	
Name Ho5 Sports Pitose: PA Address B95, Lewis T-Shirts 5/18/12 8/15	- 74
	.5/
Temperance, MI 48187. Check box if this expenditure is payment of debt or obligation reported on previous	
Fund Raiser	
Expenditure #3	
Name BBA Purpose: PA	0
Address 8204 SICOR Rd Advertising 5/18/12 4/6	U.
Lambertvith, MI 48144 Check box if this expenditure is payment of	
E Fund Raiser debt or obligation reported on previous statement	
Expenditure #4	
Name H&S Sports Purpose: PA T-Sturts 563/12 1822	0
10-11- 72.	82
Address 8952 Lewis Ave. Temperance, MI 48182. Check box if this expenditure is payment of debt or obligation reported on previous	
Fund Raiser	
Expenditure #5	
Name Bedford Now Address 8335 mourne Rol Address 8335 mourne Rol Advertising 5/31/12-594.	80
Address 8335 monrue Rd Lambertville, MIT 48149 [Check box if this expenditure is payment of	
Fund Raiser debt or obligation reported on previous statement	
Subtotal this page	. 17

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

Enter this total on line 8a of Summary Page

Page____of___

÷

ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number____7782-2-

Connettee to Elect WAT+ Wilkur J 2. Committee Name 3. Name and address of person or vendor to whom paid Purpose (Describe specific purpose and you 5. Date 6. Amount may assign an Expenditure Code) Expenditure #1 VA Name H, S Sports Purpose: _ 6/4/12 38.14 Address 8952 Lewis Are. Jungerara, MI 48182 T-Stuts Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #2 Name Bedford Now Purpose: 6/18/22 94.80. Address \$335 Mourae Rd. ham bertville, MI 48144 Advertising Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #3 PA Name Hos Sports Purpose: ___ (e/2+/12 \$ 34.98 Address 8952 Lewis Ave. T-Shit Insperarer, ME 48182 Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #4 PA Name Bldford Prests Purpose: Advientising 4/21/12 Address 3363 Henning Way Lanbut ville, MI \$ 539. Check box if this expenditure is payment of debt or obligation reported on previous statement Fund Raiser Expenditure #5 Name Protmasta Purpose: Address ham but the my 4/21/12 552.00 Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement 1258.94

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

Page 3 of 4

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS			
ITEMIZED EXPENDITURES	1. Committee I. D. Number 7782		
SCHEDULE 1B	2. Committee Name Commuttee to Elect	WATEN	1bur Sum
CANDIDATE COMMITTEE	2. Committee Name [] Thomas Tuck as Charl	11 271 07	1 sect supr-
3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1	D_{A}		
Name Bedford Now	Purpose:	· ·	(7)
Address \$335 Monae Ro Lamberto 14, MI 48144	Purpose: PA Advertising	(4)27/12	94.80
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Bedford Press	Purpose:PA Advertising		
Name Bedford Press Address 3363 Hemning Way hombut ville, MF 48144	Advertising	19/12	\$240.00
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3	P 1		
Namo Bedford Now	Purpose:7/T		
Address 8335 Monthe Ro ham bentville, MI 48144	Purpose:PA Adventising	7/9/0	\$189.60
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous	1 110-	
Expenditure #4	statement		
Name Graphic Signis	Purpose: PA. Signis		
Artoros 10931 Summerfield Rd	Signs	116/12	\$1,099.22
Temperance, MI 48182	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name Bedford Now	Purpose: Adventising	7/ ,	
Address 8335 Mourae Ra Lambertville, MI 48144	Adventising	7/20/12-	20.14
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Subtotal thi Grand Total of all Sched		1,643.7

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

#3,568.39 Enter this total

.

on line 8a of Summary Page

Page _____ of _____

١

DEBTS AND OBLIGATIONS

Committee I.D. Nur	mber	
Committee Name	Committee to Elect WAIt Wilburn	
	Supernien	

SCHEDULE 1E CANDIDATE COMMITTEE

2

1.

			v	
This Schedule itemizes:				
a. ΓDebts and obligations owed \underline{by} or forgiven the condition (Cheorem).	minittee OR b. Γ De ck either a or b. Use only for the pu	bts and obligations owed <u>to</u> urpose checked.)	or forgiven <u>by</u> the c	xommittee.
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.	 Type of Obligation (Indicate type and you may assign an expenditure code) Indicate date debt was incurred Indicate original amount of debt 	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstandin Balance at clc of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes	4. Type: Oan	2,17,12, 700.00		
WALT WILburn	4. Type			l.
	5. Date Debt Was Incurred:	<u> / / \$ </u>		
51 E. Elle Rd.	6. Original Amount of Debt	/\$		\$ 700.00
Temperance, MT 48182		_/_/_\$	\$	♥
	\$_			FORGIV
		<u> </u>		
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type:			
Gwed to or by.				
	5. Date Debt Was Incurred:	<u>/_/_\$</u>		
	6. Original Amount of Debt		s	
	\$	/ / \$	<u>م</u>	
	<u>ه</u>			
If bank loan, name of endorser or guarantor:		<u>/ / \$</u>	ount Endorsed: \$	
				1
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$		
	5. Date Debt Was Incurred:	_/_/ \$		
	6. Original Amount of Debt			
	\$	\$		
		_//\$		FORGIVI
If bank loan, name of endorser or guarantor:	I	An	i nount Endorsed: \$_	
		Page Subtotal (Outst	anding debt)	5 700.00
		Grand Total of all S	chedules 1F	·
(Comple	ete on last page of Schedule showi		and a second	\$700.50

Enter this tota on line 12a "owed by"" or line 12b 'owe to" of the Summary Pa

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

t			

ι.

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE	1. Comm 2. Comm	ittee I.D. Number <u>778</u> ittee Name <u>(2011-01</u>	tato E	Tect Walt Wilburn
- USE A SEPAR	ATE SHE	ET FOR EACH E	EVENT -	<u></u>
3. Date Event Was Held 4. Number of Individuals or Participating (whiches greater) 4 24 12 Month Day Year 35 +		5. Type of Fund Raising Open House Buthday fa		6. Address and Name (If any) of place where the activity was hek Carr Fark Lewis Are Temperance MI Private Residence
7. Total Contributions	* 1,800	20		
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 contribution 	* 1,800. 179 -			
Co-Sponsor(s) Cor	ntribution Sp (%)	līt		Expenditure Split (%)
The committee is required to file a separate	Fund Raiser	Schedule for each f	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.

Page _____ of _____

.

INSTRUCTIONS FOR SCHEDULE 1F, FUND RAISER

...

CANDIDATE COMMITTEE COVER PAGE

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 of	overs From: 7 23 /2 to 8 27 /2 Mo Day Year Mo Day Year
1. Committee I.D. Number 77822-	4. Candidate Las	Name Wilburn First Name WA-1+err M.I. C
2. Committee Name Committee to Elect WAIT Wilburn SuperMSOR		ncluding District # or Community Served (If applicable) & Supervised lence Mirane
5. Committee's Mailing Address 51 E, $Erre$ Rac Temperana, mI , $48/82Area Code and Phone, 419 - 392 - 6793If the address in this box is different from the committeemailing address on the Statement of Organization, mail maybe sent to this address by the filing official.$		e & Residential Address Lamb 1 turnes 11 48182 HOURT 29 (734 847 2203 OFT AL MONREL MI 48182 AL CULLET AL AUG 29 AL AUG 29 AL AL AUG 29 AL AL AL AL AL AL AL AL AL AL
7. Treasurer's Business Address 2167 Sturiup DR. Junipuranu, MI 48187 Area Code and Phone (734 847-7303	8. Designated Record Designated Record 8/25 Lance Area Code and Ph	Address (If the committee has a keeper) Summer Au (& Rd w. tville, MII 48144 one (734, 856 - 5887
9. TYPE OF STATEMENT		9c. Annual Statement (Coverage Year)
9a. 🗌 Pre-Election OR 9b. 🔍 Pos	t-Election	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
Pre-Election or Post-Election Statement relates to:		_
Primary Gen	eral	9e. L Dissolution of Candidate Committee
Convention Sch	ool	Effective Date of Dissolution
Special Cau	icus	Month Day Year
Date of Election, Convention or Caucus S 7 1 2 Month Day Year	, 	Month Day Year 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 i 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 a Schedules. Direct contributions, in-kind contributions, loans, e If any of the information listed in items 2, 4, 5, 6, 7, or 8 has ch amendment to the Statement of Organization should accompa- before the filing deadline of a required campaign stateme	all required Campaigr expenditures, and out anged since the info my this Campaign St nt, that campaign st	Statements. The Campaign Statements must include all applicable standing debts count against the \$1,000 Reporting Waiver threshold. mation was shown on the committee's Statement of Organization, an atement. If a request for a Reporting Waiver is not received on or atement cannot be waived.
		n of this statement and attached schedules (if any) and to the best of
Current Treasurer or Designated Record keeper Ammul LAmk	D, ()0-	Date 8 28 12
Candidate WALL WILburn	, Walt	Wo Day Year William Date & 28 i2
Type or Print Name	Signatur	

.

Authority granted under P.A. 388 of 1976

.

s

1. Committee I.D. Number	
2. Committee Name Committee to Elect Walt	
Wilburn Supervisor	

SUMMARY PAGE CANDIDATE COMMITTEE

RECEIPTS	Column I This Dediced	Column II
3. Contributions	This Period	Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 1,550.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 1,550.00	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 1,550 00	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <i>5</i> (400, 50	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u> 84.44</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.) \$184.47	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Uniternized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(100.) 4	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
 Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 	(13.) \$ 1,3/1.4/	
14. Amount received during reporting period	(14.) + \$	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.)- \$ _ 305.19	
(Add lines 9 and 11)	2551,112	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2350.77</u> *	

•

BUREAU OF ELECTIONS	77812,	
I. Commuee I.D. Numbe	omnutue to E	Jack Minich 1
CANDIDATE COMMITTEE 2 Committee Name_C	omnuttee to c	JUPERVI
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 from committees regardless of amount.	6. Amount	7. Currulative Election Cycle Contributor (1 date of receip
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7/25/17-	-	
Address: 8236 Lewis Ave. Temperance, MI 48182		
5. If over \$100.00 cumulative, please provide:	\$50.00	
OccupationEmployer	I	
Business Address Direct Loan from a person X Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/25/12-	_	
Name: John Bates Address: 9300 Secor Rd., LAmbertrille, MI 48144	1	
5. If over \$100.00 cumulative, please provide:	\$ 100.00	Į
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/25/17- Name: Shayla Pitzen	-	
Address: 7268 Crabb Rd., Temperance 48182		
5. If over \$100.00 cumulative, please provide:	\$2500	
3. N OVER \$100.00 CONTINUED PROVIDED PROVIDED		
Occupation Employer		
Occupation Employer		
Occupation Employer Business Address Type of Contribution: Direct Loan from a person		
Occupation Employer Business Address Type of Contribution: Direct Loan from a person Image: Fund Reiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt		
Occupation Employer Business Address Type of Contribution: Direct Loan from a person	\$ 100	
Occupation Employer Business Address Type of Contribution: Direct Loan from a person Image: Fund Reiser 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt	\$ 100	
Occupation Employer Business Address	\$100	
Occupation	\$100	
Occupation Employer Business Address	* 100	

Page 1 of 3

X

		د
MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS		
ITEMIZED CONTRIBUTIONS 1. Committee I.D. Number	77822	
SCHEDULE IA		Alt Wilburn
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 from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Et Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7725/17- Name: Rodney & Kristen Velez Address: 3279 E. Greystone Pl. Midland, MI 48642 5. If over \$100.00 cumulative, please provide:	# /5Q, 08	
Occupation Employer Business Address		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/25/12 Name: Steve & Susan Heer Address: 3339 HemmingWay LN. Lambertville, MIT 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person X Fund Raiser	\$150, er.	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 1/24/12 Name: D4Vid & Jessi (a Thompson Address: 1671 Spruce Ct., Temperance, MI 5. If over \$100.00 cumulative, please provide: OccupationEmployer	#200. ⁰⁰ .	
Business Address		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 1726/17 Name: John & Joanne Dye Address: 423 W. EKIE Rd., Temperance, MT 5. If over \$100.00 cumulative, please provide: Occupation <u>refived</u> Employer Business Address Type of Contribution: Direct Loan from a person	\$150.°	\$\$ 380 °=
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	5(e50 m)	

Page 2013

MICHIGAN DEPARTMENT OF STATE

E.

BUREAU OF ELECTIONS ITEMIZED CONTRIBUTIONS		77017	
SCHEDULE 1A	1. Committee I.D. Number _	H to FI (1.1.11 1
CANDIDATE COMMITTEE	2. Committee Name Comm	WILL LO EUCI	Supervise
Enter contributor's name and address. If contribution is from an individual, er middle initial. Check box to indicate if contribution is from a Political Committe Committee. (PAC) Report <u>all</u> contributions from committees regardless of an	e or an independent	6. Amount	7. Cumulative for Election Cycle for Er Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt_ Name: DAVID & DOROTHY PIENTA			
Address: 7162 Twin Canyon Rd. LAmbertvi	le, MI	#500.00	
5. If over \$100.00 cumulative, please provide:	-1 -1		
Occupation 3=1f-employed Employer Automatic	Handling		
Business Address	Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt			
Name: Kyle Oakley Address: 1600-6-Parket. Monroe, MI 4816	2	\$ <u>25</u> .00	
5. If over \$100.00 cumulative, please provide:			
OccupationEmployer			
Business Address			
Type of Contribution: XDirect Loan from a person	Fund Raiser		<u>.</u>
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name: JOSEPH CUSTRICUST	018112-		
Address: 3950 E. Dunbar Rd., Monrue, MI 4816	1		
5. If over \$100.00 cumulative, please provide:		\$100.00	
Occupation Employer		100	
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:			
OccupationEmployer			
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
	Page Subtotal Total of All Schedules 1A on last page of Schedule)	*(25.0° \$1550.00	
		\$1550.00	

Enter this total on line 3 of Summary Page. .

Page <u>3</u> of <u>3</u>

5

ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 1-IK CANDIDATE COMMITTEE

1. Committee I. D. Number 77877 2. Committee Name Omwither to Elect WAIFWIIbum Super 1950

3. Name and Address from whom received	4. Type of In-Kind Contribution (Check applicable box)	7. Amount or	8. Cumulative
If contribution is from an individual, enter last name first. Check box to indicate if contribution	5. Date of Receipt	Fair Market Value	for Election Cycle (Through
is from a Political Committee or an Independent			date in Item 5)
Committee (Both are commonly called PACs). Report all in-kind contributions.	Name & Address of Vendor from whom goods or services were purchased		
Contribution # 1 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan		
Name John Bates	Goods Donated or Loaned Services Donated		
Address: 9300 Secur Rd	Goods or Services Purchased by Candidate or Others		
	Goods or Services Purchased by Candidate or Others- LOAN	\$400.00	
If over \$100.00 cumulative, please provide:	Description banquet room, food, vetreshment	- /-	
Occupation: DWNer	5. Date Of Receipt:7/25/12-		
Employer: Quimbys			
Business Address: 3536 Stems Rd	6. Vendor Name & Address: Quimb		
1 Ambertville	3536 Stems Rd., LAmbertville		
Fund Raiser Contribution			
Contribution # 2 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan		
Name	Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others		
Address:	Goods of Services Purchased by Candidate of Others		
			9
If over \$100.00 cumulative, please provide: Occupation:	Description		
	5. Date Of Receipt:	,	
Employer:	6. Vendor Name & Address:		
Business Address:			
Fund Raiser Contribution			
Contribution #3 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan		
Name	Goods Donated or Loaned Services Donated		
Address:	Goods or Services Purchased by Candidate or Others		
	Goods or Services Purchased by Candidate or Others- LOAN		
If over \$100.00 cumulative, please provide:	Description		
Occupation:			
Employer:	5. Date Of Receipt:		
Duningen Addresse	6. Vendor Name & Address:		
Business Address:			
Fund Raiser Contribution			
	Dono Outbook	\$40000	
	Page Subtotal		1

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

> Enter this total on line 6 of Summary Page

\$400 0

Page _____ of ____

-

.

CANDIDATE CO	REDULE 1F MMITTEE	1. Committee 2. Committee	I.D. Number Name	1822 tecto Ele	ct WAIt Wilburn Sc
	- USE A SEPAR	ATE SHEET	FOR EACH	EVENT -	
. Date Event Was Held 7 25 12- Aonth Day Year	4. Number of Individuals or Participating (whichev greater) 50+	eris	ype of Fund Raising Meet & Gre		6. Address and Name (If any) place where the activity was f Ourn by '5 3536 Sterno, Rd □ Private Residence
Total Contributions		\$ 575.00			, · · · · · · · · · · · · · · · · · · ·
Other Receipts					
Gross Receipts (Add lines 7 a	and 8)2	575. ^{₽0.}			
). Total Cost of Event otal Cost includes In-Kind Con nd All Expenditures Made For	tributions	# 400. <u>~</u> .		-	
. Check if event was a joir	nt fund raiser and co	mplete the follo	wina:		
The "Instantial States"					
Co-Sponsor(s)		tribution Split (%)	g.		Expenditure Split (%)
Co-Sponsor(s)			_		
Co-Sponsor(s)			_		
Co-Sponsor(s)					
Co-Sponsor(s)			 		
Co-Sponsor(s)					

 Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contribution 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.

Page _____ of ____

INSTRUCTIONS FOR SCHEDULE 1F, FUND RAISER

MICHIGAN DEPARTMENT OF STATE BURE

EAU	OF	EL	EC	TION:	5		
	-			A Real Property lies	-	 	in these

ITEMIZED EXPENDITURES SCHEDULE 1B ____

1. Committee I. D. Number 77822							
2. Committee Name	Committee to Elect 1. VA It Wilbun	Suamin					

3. Name and address of person or vendor to whom paid 4. Purpose (Describe specific purpose and you 5. Date 6. Amount Expenditure #1 Name Signal Summusched 8. Amount Name Graphic Signal Summusched 8. Amount Address 10931 Summusched 8. Mount 8. Mount Address 10931 Summusched 8. Mount 8. Mount Address 10931 Summusched 8. Mount 8. Mount Address 10031 Mame Summusched 8. Mount 1. Mount Address Address Address 7. Mount 1. 2. 0. 75 Image: Address Image: 1. 2. 0. 75 Image: Image: Image: 1. 2. 0. 75 Image: Image: Image: 1. 2. 0. 75 Image: Image: Image: Image: 1. 2. 0. 75 Image: Image: Image: Image: Image: Image: Address Image: Image: Image: Image: Image: Image: Address Image:	CANDIDATE COMMITTEE			
Name Chaphic Signos Purpose: futureal Signos 8/1/12	3. Name and address of person or vendor to whom paid		5. Date	6. Amount
Temperance Check box if this expenditure is payment of dabt or obligation reported on previous statement Expenditure #2 Name Name Beadfund Address Advent 15 MQ Purpose: Advent 15 MQ Purpose: Advent 15 MQ Beadfund Mathematical Statement Check box if this expenditure is payment of debt or obligation reported on previous 7/30/12 Fund Raiser Purpose: Expenditure #3 Purpose: Name Purpose: Address Check box if this expenditure is payment of debt or obligation reported on previous Statement Check box if this expenditure is payment of debt or obligation reported on previous Statement Check box if this expenditure is payment of debt or obligation reported on previous Expenditure #4 Name Address Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser Statement Expenditure #5 Purpose: Name Purpose: Address Check box if this expenditure is payment of debt or obligation reported on previous statement Check box if this expenditure is payment of debt or obligation reported on previous	Nome Lovaphic Signo	Purpose: folitical Signis	8/1/10	\$184.44
Expenditure #2 Name Ded&ford Name Address Advert151NG 7/30/12 12.075 I Fund Raiser I Check box if this expenditure is payment of debt or obligation reported on previous statement 7/30/12 12.075 Expenditure #3 I Check box if this expenditure is payment of debt or obligation reported on previous 7/30/12 12.075 Name Purpose: I Check box if this expenditure is payment of debt or obligation reported on previous 12.075 I Fund Raiser I Check box if this expenditure is payment of debt or obligation reported on previous 12.075 Expenditure #3 I Check box if this expenditure is payment of debt or obligation reported on previous 12.075 Address I Check box if this expenditure is payment of debt or obligation reported on previous 12.075 Address I Check box if this expenditure is payment of debt or obligation reported on previous 12.075 Address I Check box if this expenditure is payment of debt or obligation reported on previous 12.075 Name Purpose: I Check box if this expenditure is payment of debt or obligation reported on previous 12.075 Name I Check box if this expenditure is payment of debt or obligation reported on previous 12.075 Name <	Temperance	debt or obligation reported on previous		
Greek box if this expenditure is payment of debt or obligation reported on previous statement. Image: Check box if this expenditure is payment of debt or obligation reported on previous statement. Expenditure #3 Purpose:	Expenditure #2 Name Bedford Naw Address 1 Int InT		7/30/12-	- 121 75
Name Purpose:	Fund Raiser	debt or obligation reported on previous		
Address	Expenditure #3			
Fund Raiser Check box if this expenditure is payment of debt or obligation reported on previous statement Expenditure #4 Purpose: Name	Name	Purpose:		
Fund Raiser debt or obligation reported on previous Expenditure #4 Purpose: Name Purpose: Address Check box if this expenditure is payment of debt or obligation reported on previous statement Fund Raiser Purpose: Expenditure #5 Purpose: Name Purpose: Address Check box if this expenditure is payment of debt or obligation reported on previous Expenditure #5 Purpose: Name Purpose: Address Check box if this expenditure is payment of debt or obligation reported on previous statement Fund Raiser Purpose: Check box if this expenditure is payment of debt or obligation reported on previous statement	Address			
Name Purpose:	Fund Raiser	debt or obligation reported on previous		
Address Check box if this expenditure is payment of debt or obligation reported on previous statement Image: Check box if this expenditure is payment of debt or obligation reported on previous Expenditure #5 Purpose:	Expenditure #4			
Fund Raiser Fund Raiser Expenditure #5 Name Address Purpose: Check box if this expenditure is payment of debt or obligation reported on previous statement	Name	Purpose:		
Fund Raiser Fund Raiser Expenditure #5 Purpose:		debt or obligation reported on previous		
Name Purpose:				
Address	Expenditure #5			
Fund Raiser Check box if this expenditure is payment of debt or obligation reported on previous statement	Name	Purpose:		
Fund Reiser debt or obligation reported on previous statement	Address			
	Fund Raiser	debt or obligation reported on previous		

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



н. - эк

Page ______ of _____

Wilburn donations

N

August 2012 Primary

In Bedford	Amount	Outside Bedford	Amount
April Urbanski funeral home	50	Mannik and Smith engineers	100
John Bates Quimby	100	Kyle Oakley	25
Shayla Pitzen	25	Joseph Costello judge	100
Rodney Velez	150	Dale Zorn	100
Steve Herr	150	Richard Shuff	20
David Thompson	200	Virginia Harrouk gas station owner	300
John Dye	530	Frank Arnold	45
Dave Pienta automatic handling	500	Pam Rybka	30
Walt Wilburn	700	Lillian LaMarcke	90
Mary Ann McBee	100	Susan Carroll	30
Bill Decker	100	Larry Wilburn	60
Sherri Meyer treasurer of bedford	60	Jim Lorentz	60
Joyce Blanton	25	Denise Wilburn	30
Rick Szczygielski doctor	25	Juanita Wilurn	30
Barry Buschman mannik and smith	50	Debbie Revard	30
Pat Lyden	100	Lindsey Longmuir	40
Anthony Brescol	25	Laura Longmuir	30
Larry O Dell township trustee	50	Clarlie Bilyoo	60
Tom McKenzie	50	Ramy Eidi RE developer Sylvania	250
Paul Bourque	50		250
Cynthia Mc Elvan	80	Total Dollar amount	1430
Florence & Tom townsend	170	total donors	1430
Brian Beverly	200	Percent of total donors	31%
Pearl Albert	50		51/0
Norb Abel	140		-
Christine Csurgo	140		
rolland Brown rawlings heating	200	Board Members who contributed	
Chris Renius assessor	40		<u> </u>
		Sherri Meyer	60
Kent cousino	50	Larry O Dell	50
Tim Little	100	Gail Hurley	60
Jeff Pauli	50	total	170
Heath Velliquette deputy	100	Percent of total donors	5%
Tammy Lamb	100		
Donald Bayse	200		
Mike Heller	100	· · · · · · · · · · · · · · · · · · ·	
William Persal	200		
Margaret Smith	60		
Gail Hurley trustee	60		
Craig Lamb	100		
Randy Taulbee Electrician	40		
total dollar amont	5180		
total donors	40		
percent of total donors	68%		