



State of Michigan

Campaign Finance Reporting

RECEIPT

This acknowledges receipt of the following campaign report or statement

Post-Election Committee Finance Statement	45-2004-012		
Document Name and Type (i.e. Original)	Committee I.D. Number		
4132	August 28, 2020		
Sequence Number	Date and Time of Receipt		
Filer: Joseph Hubbell	Registered Mail Postmark Date		
	Filing Official Secretary of State		
	X County Clerk: Leelanau		

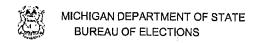
August 28, 2020
Signature
Date

#4132

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

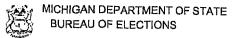
COVER PAGE				2
Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and c	d signed by andidate.	3. This Statement covers Fro	m: ₋₁₇	23
1. Committee I.D. Number		Candidate Last Name	1-20-2025 First Nar	to 08 1020
45-2004-012		HURBELL	JOSEP	4
2. Committee Name Namm We go Ne &	1 d	4a. Office Sought Including D	istrict # or Community Ser	ved (If applicable)
	lea	Prosecuting		
of Workstoon	_	1	45LOW DU	
5. Committee's Mailing Address		6. Treasurer's Name & Resid	lential Address	
		COVERN A.	SAMACher	
			7	
Area Code and Phone				
If the address in this box is different from the commi mailing address on the Statement of Organization, no be sent to this address by the filing official.	ttee nail may			
7. Treasurer's Business Address		Area Code & Phone		
January of Desirious Madridge		Designated Record Keepe Designated Record Keeper)	r's Name and Address (If t	he committee has a
A.		, ,		
Area Code and Phone		Area Code and Phone	1	
9. TYPE OF STATEMENT			9e. Dissolution of Can	didata Committee
9a. Pre-Election OR 9b. Post-Election	Required ON is not on the l	LY if candidate		
Pre-Election or Post-Election Statement relates to:	current year:		To and continuities to the t	m I/We certify any outstanding debt candidate or his or her spouse is here
Primary	July Quarte	rly		en, and no longer collectible from
General [October Qu	arterly		
Convention			Further, if the dissolution considered a request for	cannot be granted, that this be the Reporting Waiver.
Special	9c. Appual	Chalana at /		
School	L_IAmuai	Statement () Coverage Year	Effective date of	of dissolution
Caucus	od. Amend	ment to Campaign Statement		
	(Complindicate	ete Item 9a, 9b, 9c or 9e to which Statement is being	Note: The disposition of r	residual funds must be reported on
	amende	d.)	Schedule 1B and the Sur	nmary Page.
Date of Election, Convention or Caucus				FILED
08-04-2020				AUG 2 8 2020
·				
10. Verification: I\We certify that all reasonable diligen- ny\our knowledge and belief the contents are true, ac	ce was used in	the preparation of this stateme	ent and attached schedule	MICHELLE L. CROCKER LEELANAU COUNTY CLERK
Current Treasurer or	curate and con	ipiete.		
Designated Record keeper Collegn A. Ga Type or Print Name	Unghow 1	Signature 22	L W Date	8-26-2020
Candidate Joseph 1, While bell	1	Should the Man	1 is	8-26-2020 8-26-2020
Type or Print Name		Signature Signature	Oate	,
Authority granted under P.A. 388 of 1976				



SUMMARY PAGE

1. Committee I.D. Number 45-2004-012
2. Committee Name COMM to Regular STA PA

RECEIPTS	Columbia (
3. Contributions	Column I This Period	Column II Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 400.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 400.00	(18.) \$ 4450,00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.)\$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 40010V	(20.)\$ 4450.00
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	·	4
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 871, 20	
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.) \$	(23.) \$4,258.78
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	
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	
13. Ending Balance of last report filed	(13.) \$ 662.50	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.)+\$ 400.50	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$ 1,063.00	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ 871, ZO	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 191,80	
(2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	(11.) \$ 1 1 1 0	•



ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 45-2004-12

2. Committee Name		H PH
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.		7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 7-27. 702.	0	
MICHAEL L. Rorkovich		
	\$ 100. W	\$
5. If	OBALLIA	
Occupation Employer	Click Here to	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 7 - 21 - 20 26		
Name & Address JENNIKBU TANG ANDERSON		
	\$ 100.00	\$
5. If over \$100.00 cumulative, please provide:		
	Click Here for	r Memo Itemization
Occupation Employer		ı
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser	•	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: THOMAS G. POWOR		
	\$ 100, ov	\$
5. II over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
	Olloit Here Ioi	Metho Remization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 4 PAC Possiste Contribution # 4		
Name & Address 4. Date of Receipt		
GERALD CHEFACO		
	/ N	
	\$ 100.00	\$
· · · · · · · · · · · · · · · · · · ·	•	
Occupation Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution:		
Loan nom a person Puno Raiser		
Page Subtotal	400,00	
Grand Total of All Schedules 1A	6(No. 2)	

Page _____ of ____

(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 45-2004-012

CANDIDATE COMMITTEE 2.	Committee Name Why to Resket 571	A RA
3. Name and address of person or vendor to whom paid		5. Date 6. Amount
Expenditure #1		
Name Lacendou Enterprise	7-2	4-2020 \$ 4 (0-20
Address Duck Love Rd	Purpose: Mnllhh	Date 5 7 (0 C)
Drice devenmen, MS 49653	Click Here	e for Memo Itemization Type
	Check box if this expenditure is payment of	
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #2		
Name CSE LAMU ENERPWER	7-2	1 - 20 20 \$ 46 1 TO
Address 1	Purpose: ADVERTISE MENT	Date
		for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #3		
Name		
Address	Purpose:	\$
	Clieb I I are	fan til de en
	1 4 1	for Memo Itemization Type
Fund Raiser	LICheck box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #4		
Name		
	·	·
Address	Purpose:	Date
	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		
Name		
Address		\$
÷	Purpose:	Date
	Click Here	for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
	Subtotal th	is page 871 ',20
	Grand Total of all Scheo (Complete on last page of S	dules 1B
	, -9	10//100

Enter this total on line 8a of Summary Page

Page _____ of ____



State of MichiganCampaign Finance Reporting

RECEIPT

This acknowledges receipt of the following campaign report or statement

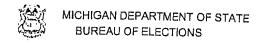
Pre-Election Campaign Finance Statement	45-2004-012
Document Name and Type (i.e. Original)	Committee I.D. Number
4114	July 21, 2020
Sequence Number	Date and Time of Receipt
Filer: Joseph T. Hubbell	Registered Mail Postmark Date
	Filing Official Secretary of State X County Clerk: Leelanau
	Dichee Cox Daty 21, 2020 Signature Date



CANDIDATE COMMITTEE

FOR OFFICIAL USE ONLY

COVER PAGE			FOR OFFICIAL USE ONLY
Report must be legible, typed or printed in in the treasurer (or designated record keeper) a	k and signed by and candidate.	3. This Statement covers F	From:
1. Committee I.D. Number		4. Candidate Last Name	-rom: 6-2-2020 to 7-19-2026
45.7001.010		HIA RBF11	First Name M.I. TOSE Ph T
45-2004-012	0 6.	4a. Office Sought Including	District # or Community Served (If applicable)
2. Committee Name Comm, Her T	o Kelled	Para	A LL.
JOSEPH T. Hubbell pros	BCUtor	1 rosecut	ing Attorney
5. Committee's Mailing Address		4b. County of Residence	LEGLANAU
		6. Treasurer's Name & Res	sidential Address
		COTTEEN A.	GANAGHED
Area Code and Phone f the address in this box is different from the consulting address on the Charles			
nailing address on the Statement of Organization sent to this address by the filing official.	mmittee on, mail may		
'. Treasurer's Business Address		Area Code & Phone	
20011033 Madress		8. Designated Record Keep Designated Record Keeper	per's Name and Address (If the committee has a
		South of Association)
Area Code and Phone			
9. TYPE OF STATEMENT		Area Code and Phone	
9a. ☑ Pre-Election OR 9b. ☐ Post-Election	Required ONL	Y if candidate	9e. Dissolution of Candidate Committee
e-Election or Post-Election Statement relates to	Current years	pallot for the	By checking this item I/We certify any outstanding debt
<u> </u>	: July Quarter	rlv	by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from
Primary			the committee. The committee has no oustanding assets, owes no lates fees or has any oustanding debt.
]General	October Qu	arterly	
Convention			Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Walver.
]Special	9c Appuel 6	24-1	
]School	L_Annual 8	Statement () Coverage Year	Effective date of dissolution
]Caucus	9d. Amenda	nent to Campaign Statement	and of dissipation
	(Comple	te Item 9a, 9b, 9c or 9e to which Statement is being	Note: The disposition of
-	amended	d.)	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page 1
Date of Election, Convention or Caucus			FILEU
08-14-2020			0.1 2020
			JUL 21 2020
Verification: I/We cortify that all			MICHELLE L. CROCKER LEELANAU COUNTY CLERK
our knowledge and belief the contents are true,	ence was used in t	he preparation of this statement	ent and attached schodular (it - 13TH CIRCUIT COOK)
a 1 - 11 -		C. 11 J. 00.	and the sest of
ignated Record keeper CollEN Q. Type or Print Name	SALLAGHU	Colon 4. 4	7 21 3
Type or Print Name		Signature / FCLINI	Oate 1 - Low
adidate 2 854 hT. Whobbell	1	an 1. N.	Date 7-20-2020 Date 7-20-2020
Type or Print Name		Signature U/She	Date 7- 20-2020
thority granted under P.A. 388 of 1976			

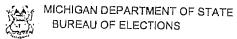


SUMMARY PAGE

1. Committee I.D. Number 45-2004 -012

COMM to RCS(Set)

CANDIDATE COMMITTEE	2. Committee Name	12686861
RECEIPTS	JOSE PW 1.	toutable fromuito
3. Contributions	Column i This Period	Column II Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 4050.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 4050,00	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 4050.00	(19.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	/2114
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(21.) \$
EXPENDITURES		(ΔΔ.) Φ
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>33 87.58</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.) \$	(23.)\$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)	_	(20.) #
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Unitemized (less than \$50.01 each - no Schedule)		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	
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	
13. Ending Balance of last report filed		
(Enter zero if no previous reports have been filed)	(13.) \$	İ
4. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.)+\$ <u>4050.UV</u>	
SUBTOTAL Add lines 13 and 14 Amount expended during reporting period	(15.)=\$ toso. 00	v
(Add lines 9 and 11)	(16.)-\$ 3387.50	
7. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \(\frac{17.0}{662.60}\).	
·	(III.) 3 <u>teniou</u> .	



age _____ of ___

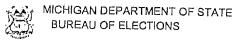
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 45.2064-012
2. Committee Name (2744 14 R5 2 kgt 7710 - Do

Page.

2. Committee Name	TOMAN 10 KES	RAY () IN Pres
Enter contributor's name and address. If contribution is from an individual, enter last name, first nam middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. 3. Contribution # 1 PAC Receipt?	,	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Name & Address: 4. Date of Receipt 6-2-20	2.0	date of receipt)
Joseph T lduhbell		
	geneer	
	\$ 500.00	\$
5. If over \$100.00 cumulative, please provide: Occupation Published Final Company (SE Liower (19)), Ha	Click Hama to	
Occupation Frozenton Employer LEE Lowner County	Click Here to	r Memo Itemization
Business Address 8527 2. Gove CENTOR DV. Sultons Bar Type of Contribution: Direct Loan from a person Fund Raiser	y, mx 496,	82
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt (1/1)	_	
Name & Address 6/6/2020	2	
MICHAEL J. AMIEU		
	\$ 100,00	\$
over 4 rootov cumulative, piease provide:		
OccupationEmployer	Click Here for	Memo Itemization
Business Address		
Vino of Contribution Vino		•
Countrion a person Fund Raiser		
ame & Address:	<u> </u>	
	\$ 100.00	\$
n over \$100.00 cumulative, please provide:	Click Hora for	A
	Click Here for N	lemo Itemization
usiness Address		
ype of Contribution: V Direct		
Contribution # 4 PAC Receipt? VES 4 Data (D.)		
Time & Address	\mathcal{D}	
PETER DEEGAN		
	\$ 50,00	
\cdot	\$ 00100	\$
ccupation	Click Here for M	emo Itemization
Employer		omo nomization
usiness Address		
ype of Contribution: Direct Loan from a person Fund Raiser		j
Page Subtota	al 750.00	
Grand Total of All Schedules 14	.00.00	
(Complete on last page of Schedule	Enter this total on	
geof	line 3a of Summary	



age _____ of ____

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

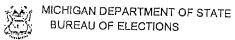
1. Committee I.D. Number <u>45 - 2064 - 0/2</u>

	SCHEDUL	E IA	1. Committee I.D. Number	7/3 000	1-0/2
	NDIDATE C		2. Committee Name	um to Re	Elect JTA Proces
Committee (PAC) Report	all contributions re		nittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 Name & Address:	PAC Receipt?	YES 4. Date of Rece	elpt 6-10-2020		date of receipt)
John G	rogan			•	
5 150				s 100,00	<u> </u>
	mrej biongo bio4i	Employer		Click Here	for Memo Itemization
Business Address		Employer			is is the normanical
	Direct	T	1		
	PAC Receipt?	Loan from a person	Fund Raiser		
Nama & Address	· L	YES 4. Date of Recei	pt 6-15-2020		
J t F	FREY I	VOORMAN			
				\$ 100.00	. \$
5. If over \$100.00 cumulat	ive, please provid	e:		Click Horn fo	an Maria di Liu
Occupation	E	mployer		Click Here to	or Memo Itemization
Business Address					•
Type of Contribution:	Pirect	Loan from a person	Fund Raiser		
3. Contribution # 3 F	AC Receipt?	1			
Name & Address:	· <u>L</u>		pt 6-13-1020		
DANNE S	Husant			·	
				s 100.00	\$
i. If ov					
	, p,			Click Here for	Memo Itemization
Occupation		Employer			
3usiness Address Type of Contribution: \[\int D	irect	Loan from a person			-
	AC Receipt?		Fund Raiser pt 6 - 16 - 20 20		
. If over \$100.00 cumulativ	e nlease provido			\$200.00	\$
		4		Click Here for	Memo Itemization
Decupation Atton N	/	Employer SELF		- 10K FIGIR [O]	Metho remization
Business Address 105	W. Bro.	ADWAY, ME 2	ta68>		
Type of Contribution: 🔽		Loan from a person	Fund Raiser		
•			Page Subtotal	500.00	

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

1250.00 Enter this total as

Enter this total on line 3a of Summary Page.



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

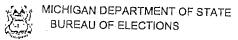
CANDIDATE COMMITTEE

1. Committee I.D. Number 45-2004 - 012

Page.

2. Committee Name Comm to REELECT THA Pris

Enter contributor's name and address. If contribution is from an individual, enter las middle initial. Check box to indicate if contribution is from a Political Committee or a Committee (PAC) Report all contributions regardless of amount. 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt	Election Cycle for Each Contributor (Through
Name & Address:	16-1020
PHILIP E ROBERS. TO	
5. If over \$100.00 cumurative, prease provide:	\$ 50.00 \$
Occupation Employer	Click Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person Fund F	Ralser
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 6 - /	6-2020
Joseph C. Fisher	
	s_/00.00 s
	\$_/ <i>\outleto\o</i>
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 F	Raiser
Contribution # 3 PAC Receipt? YES 4. Date of Receipt	
DAVIDCIARK	
	\$ 50.00 s
. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
usiness Address Type of Contribution: Direct Loan from a person	·
Contribution #4 PAC Parative C	alser
ame & Address 4. Date of Receipt	
ROBERT WHIMS	
	. 250.20
If over \$100.00 cumulative, please provide:	\$ 250,00 \$
occupation NHON NASY Employer SECK	Click Here for Memo Itemization
ype of Contribution: Direct Loan from a person Fund Rais	Traverse Cets, ma 496 for
	Page Subtotal 450,の
Grand Total of	All Schedules 14
(Complete on last p	Enter this total on line 3a of Summary
V · V ·	out of outfillary



___ of _

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 45=2004-017

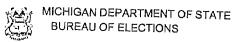
CANDIDATE COMMITTEE 2. Committee Name COWM to NEEK JTK Pronce Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent 6. Amount 7. Cumulative for Committee (PAC) Report all contributions regardless of amount. Election Cycle for Each Contributor (Through 3. Contribution # 1 date of receipt) PAC Receipt? Name & Address: SHAWN INDIR DER 200.00 5. If over \$100.00 cumulative, please provide: Occupation A Horney Click Here for Memo Itemization Employer_Sell Business Address 502 RALLRADD mx 49686 Type of Contribution: 1 Direct Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? 4. Date of Receipt 6-30-2020 Name & Address Douglas DONOLOGO \$ 300,00 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Employer_CESCNWNU GOUT CENTER DI Business Address |XIDirect Type of Contribution: Loan from a person 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 6-26-2020 Vame & Address: KN BEN COONEY s 150.00 5. If over \$100.00 cumulative, please provide: A Preschart ADM/1808 tura Click Here for Memo Itemization Occupation 1 Traverse Cety, MT 49686 Business Address 7 2 Type of Contribution: Loan from a person Contribution # 4 PAC Receipt? 4. Date of Receipt lame & Address Whylen 100. W If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation_ 3usiness Address Type of Contribution: X Direct Loan from a person Fund Raiser

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

Page Subtotal

750.00

Enter this total on line 3a of Summary Page.



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number	

Page.

Committee (PAC) Report all contributions regardless of amount.	'. Cumulative for Election Cycle for Each
Name & Address: PAC Receipt? YES 4. Date of Receipt 7-5-2020	Contributor (Through
CARSON CONTRACTOR	ate of receipt)
1 W J - CICK BOWSKI	
s 50.00	
5. If over \$100 Samanary, please provide:	\$
Occupation Employer Click Here for M	lemo Itemization
Business Address	TOTAL ROTTIZATION
Type of Contribution: Loan from a person Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 2 1/2	
MIRE KIN-+	
5. If dier \$100.00 cumulative, please provide:	•
Occupation Employer Employer	emo Itemization
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
Name & Address: PAC Receipt? YES 4. Date of Receipt 7-17-2020	
\$ <u>~~200,00</u> \$	
5. If over \$100.00 cumulative, please provide: Click Here for Men	no Itomization
Occupation Wiser for Employer 1SELANT OUL NO	
Business Address 85 27 E. COUT CEWTER On Sultans Ray, Mt 4968 Type of Contribution: Direct Loan from a person Fund Raiser	
Type of Contribution: Direct Loan from a person Fund Raiser	Ž
. Contribution # 4 PAC Receipt?	
ame & Address 4. Date of Receipt 7-9-2020	
DIRECT \$1300.00 s	
Occupation Productive, please provide: Click Here for Mem	
Employer C>> LAN NA LANA Ida	no Itemization
Type of Contribution: Direct Loan from a person Fund Raiser	
Page Subtotal	(000 M)
Grand Total of All Schedules 14	,6 00. OD
	050. OU

ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number	45-2004-012	,
---------------------------	-------------	-------

2 AND DATE COMMITTEE	2. Committee Name COMM to RE Elect OND Projec
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Date 6. Amount
Expenditure #1	
Name USPS	Burnoss: 570100 \$ 55.00
Address	Purpose: 57kmpg Date 55,00
LAKELEBLAMON,	
_ Mx 49653	Click 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 Thistan Chromenound	ي وساء الإ
Address	Purpose: Frcs Book 6-13. 1000 8 Date 100. 00
	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 LESLINNOU ENTENPIUR	12.1
Address 7200 E. Duck LOKENJ LOKE Jeelonbu, mg	Purpose: AD 6/2/2020 \$ 246.50
LOKE Jeelanon, mo	10
	Click Flete for Metho Itemization Type
Fund Raiser	Check box if this expenditure is payment of
Expenditure #4	debt or obligation reported on previous statement
	5
LS ELMNOU ENTERPRISE	6 lasher -
Address	6/14/2000 \$ 344.68
	Purpose: YAND SIGNS Date \$ 34768
	Click Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous
xpenditure #5	statement
of the state of the	
lame CEELANAN COUNTY CLONK	/ 26-2000
ddress	Purpose: AV LIST 6-26-2020 \$ 25.00
	Click Here for Memo Itemization Type Check box if this expenditure is payment of
Fund Raiser	debt or obligation reported on previous statement
	Subtotal this page
	Grand Total of all Schedules 1B (Complete on last page of Schedule)

Enter this total on line 8a of Summary Page



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 45 - 2004 - 012

Summary Page

2 Name of the state of the stat	2. Committee Name Comm to Le Elie	- OUD KNORE
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Amount
Expenditure #1		
Name LSSIANAU ELTEPPILE		6-26-2020
Address	Purpose:	6-26-2020 \$ 294,30
	Click Here for Memo Itemization Type	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous	
Expenditure #2	statement	
Name LS& Lowron Enturine		1.26.200
Address	Purpose: AD/CARD WARLE	6-29-2020 \$ 165,00
Addiess	Purpose:	Date
	Click	Here for Memo Itemization Type
r1	Check box if this expenditure is payment or	-,
Fund Raiser	debt or obligation reported on previous statement	
Expenditure #3		
Name LGS LONDY ENTER Prije		7 7 24(24) 0
Address	Purpose An	7-2-2020 \$ 294.30
	Purpose:	Date
		Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous	
Expenditure #4	statement	
Name LSEZMWWW ENTERPrise		
	7	- 9-2020 \$ 1202,50
Address	Purpose: AV MAILING	Date \$ 1404.50
		lere for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous	
xpenditure #5	statement	
lame LEELAWIN ENTER price		
ddress	7-	14.2020 \$ 294.30
	Purpose: AP	Date \$ 219,30
	Click H	ere for Memo Ilemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous	and the Memor Remization Type
Ti dua izaiser	statement	
	(2,266.40) >> Subtot	al this page 2, 20040
	Grand Total of all S (Complete on last page	chedules 1B
	3037.58)	Enter this total
	And the state of t	on line 8a of



Daga -4

ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 46 - 7004 - 012

2 Name and add	2. Committee Name (19WM 10125)	leit of 14 Knosec
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Amount
Expenditure #1		- Thinoall
Name LSGLAWON ENTERProc		3-17-2020\$ 366,0
Address	Purpose: 🔎 D	Date \$ 3 66, 00
,	Click Here for Memo Itemization Type	
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous	
Expenditure #2	statement	
Name		
Address	Purpose:	Date \$
	Click	Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	ıf
Expenditure #3		
Name		
Address	Purpose:	\$
	Click	Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #4	Statement	
Name		
Address		\$
	Purpose:	Date
	Click I	Here for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous	
xpenditure #5	statement	
ame		
ddress		
	Purpose:	\$
Fund Raiser	Click F Check box If this expenditure is payment of debt or obligation reported on previous statement	iere for Memo llemization Type
	Subtol	al this page 362 (D)
	Grand Total of all S	ichedules 1B of Schedule) 3387.58
	(Complete on last page	of Schedule) 3587.58

Enter this total on line 8a of Summary Page