

**COPY**



**State of Michigan**  
Campaign Finance Reporting

**RECEIPT**

*This acknowledges receipt of the following  
campaign report or statement*

Post-Election Committee Finance Statement

*Document Name and Type (i.e. Original)*

4132

*Sequence Number*

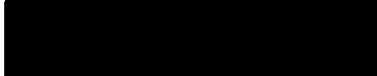
45-2004-012

*Committee I.D. Number*

August 28, 2020

*Date and Time of Receipt*

*Filer:* Joseph Hubbell



*Registered Mail Postmark Date*

**Filing Official**

       Secretary of State

  X   County Clerk: Leelanau

Michael A. Crocker

Signature

August 28, 2020

Date



#4132

**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

23

|   |  |  |  |
|---|--|--|--|
| <p>1. Committee I.D. Number<br/><b>45-2004-012</b></p> <p>2. Committee Name <i>Committee to Re Elect JWA Prosecutor</i></p> <p>5. Committee's Mailing Address<br/><div style="background-color: black; width: 300px; height: 50px; margin: 5px 0;"></div></p> <p>Area Code and Phone <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div></p> <p>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.</p> <p>7. Treasurer's Business Address<br/><div style="background-color: black; width: 300px; height: 50px; margin: 5px 0;"></div></p> <p>Area Code and Phone _____</p> |  | <p>3. This Statement covers From: <b>7-20-2020</b> to <b>08-23-2020</b></p> <p>4. Candidate Last Name <b>HURBELL</b> First Name <b>Joseph</b> M.I. <b>T.</b></p> <p>4a. Office Sought Including District # or Community Served (If applicable)<br/><b>Prosecuting Attorney</b></p> <p>4b. County of Residence <b>LEELANAU</b></p> <p>6. Treasurer's Name &amp; Residential Address<br/><b>COLLEEN A. GANASHER</b><br/><div style="background-color: black; width: 300px; height: 50px; margin: 5px 0;"></div></p> <p>Area Code &amp; Phone <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div></p> <p>8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)<br/><div style="background-color: black; width: 300px; height: 50px; margin: 5px 0;"></div></p> <p>Area Code and Phone _____</p>                              |  |
| <p><b>9. TYPE OF STATEMENT</b></p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input checked="" type="checkbox"/> Primary<br/> <input type="checkbox"/> General<br/> <input type="checkbox"/> Convention<br/> <input type="checkbox"/> Special<br/> <input type="checkbox"/> School<br/> <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus<br/><b>08-04-2020</b></p>   |  | <p>Required-ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly<br/> <input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p>  |  |
| <p>10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <p>Current Treasurer or Designated Record keeper <b>COLLEEN A. GANASHER</b><br/>Type or Print Name</p> <p><b>Joseph T. Hurbell</b><br/>Type or Print Name</p>  |  | <p>9e. Dissolution of Candidate Committee</p> <p><input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution _____</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p> <p style="text-align: center;"><b>FILED</b><br/><b>AUG 28 2020</b><br/><b>MICHELLE L. CROCKER</b><br/><b>LEELANAU COUNTY CLERK</b></p> <p>Signature <b>Colleen A. Gansher</b> Date <b>8-26-2020</b></p> <p>Signature <b>Joseph T. Hurbell</b> Date <b>8-26-2020</b></p> |  |



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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

2. Committee Name Comm to Register 5TH PA

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

| RECEIPTS   |            | Column I<br>This Period | Column II<br>Cumulative this election cycle |
|--|------------|-------------------------|---|
| <b>3. Contributions</b>  |            |                         |   |
| a. Itemized (Schedule 1A - Column 6)   | (3a.) \$   | <u>400.00</u>           |   |
| b. Unitemized (less than \$20.01 each - no Schedule)   | (3b.) \$   | <u>NOT APPLICABLE</u>   |   |
| c. Subtotal of "Contributions"   | (3c.) \$   | <u>400.00</u>           | (18.) \$ <u>4450.00</u>                     |
| <b>4. Other Receipts</b> (Schedule 1A -1, Column 6)  | (4.) \$    | <u>—</u>                | (19.) \$ <u>—</u>                           |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3c + Line 4)                             | (5.) \$    | <u>400.00</u>           | (20.) \$ <u>4450.00</u>                     |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>  |            |                         |   |
| <b>6. In-Kind Contributions</b> (Schedule 1-IK, Column 7)  | (6.) \$    | <u>—</u>                | (21.) \$ <u>—</u>                           |
| <b>7. In-Kind Expenditures</b> (Schedule 1B-IK, Column 6)  | (7.) \$    | <u>—</u>                | (22.) \$ <u>—</u>                           |
| <b>EXPENDITURES</b>  |            |                         |   |
| <b>8. Expenditures</b>   |            |                         |   |
| a. Itemized (Schedule 1B, Column 6)  | (8a.) \$   | <u>871.20</u>           |   |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G)   | (8b.) \$   | <u>—</u>                |   |
| c. Unitemized (less than \$50.01 each - no Schedule)   | (8c.) \$   | <u>—</u>                |   |
| <b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)   | (9.) \$    | <u>871.20</u>           | (23.) \$ <u>4,258.78</u>                    |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Officeholders Only)  |            |                         |   |
| <b>10. Disbursements</b>   |            |                         |   |
| a. Itemized (Schedule 1C, Column 6)  | (10a.) \$  | <u>—</u>                |   |
| b. Unitemized (less than \$50.01 each - no Schedule)   | (10b.) \$  | <u>—</u>                |   |
| <b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Add Line 10a + Line 10b)                         | (11.) \$   | <u>—</u>                | (24.) \$ <u>—</u>                           |
| <b>DEBTS AND OBLIGATIONS</b>   |            |                         |   |
| <b>12. Debts and Obligations</b>   |            |                         |   |
| a. Owed by the Committee (Schedule 1E)   | (12a.) \$  | <u>—</u>                |   |
| b. Owed to the Committee (Schedule 1E)   | (12b.) \$  | <u>—</u>                |   |
| <b>BALANCE STATEMENT</b>   |            |                         |   |
| <b>13. Ending Balance of last report filed</b><br>(Enter zero if no previous reports have been filed.) | (13.) \$   | <u>662.50</u>           |   |
| <b>14. Amount received during reporting period</b><br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ | <u>400.50</u>           |   |
| <b>15. SUBTOTAL</b> Add lines 13 and 14  | (15.) = \$ | <u>1,063.00</u>         |   |
| <b>16. Amount expended during reporting period</b><br>(Add lines 9 and 11)                             | (16.) - \$ | <u>871.20</u>           |   |
| <b>17. ENDING BALANCE</b><br>(Subtract line 16 from line 15)   | (17.) \$   | <u>191.80</u>           | *   |



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 45-2004-12  
2. Committee Name REELECT JIM PA

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 7-27-2020  
Name & Address:

MICHAEL L. ROCKOVICH

\$ 100.00

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

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 7-21-2020  
Name & Address:

JENNIFER TANG ANDERSON

\$ 100.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

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

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt \_\_\_\_\_  
Name & Address:

THOMAS G. POWER

\$ 100.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

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

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt \_\_\_\_\_  
Name & Address:

GERALD CHAPMAN

\$ 100.00

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

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

Page Subtotal 400.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule) 400.00

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 45-2004-012  
2. Committee Name Comm to Reelect JLA RA

| 3. Name and address of person or vendor to whom paid   | 4. Purpose (Required Information)   | 5. Date                  | 6. Amount        |
|--|---|--------------------------|------------------|
| <b>Expenditure #1</b><br>Name <u>LEE LAMON ENTERPRISE</u><br>Address <u>Duck Lake Rd</u><br><u>Lake Delton, MI</u><br><u>49653</u><br><input type="checkbox"/> Fund Raiser | Purpose: <u>MAILING</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement       | <u>7-24-2020</u><br>Date | <u>\$ 410.20</u> |
| <b>Expenditure #2</b><br>Name <u>LEE LAMON ENTERPRISE</u><br>Address <u>11</u><br><input type="checkbox"/> Fund Raiser   | Purpose: <u>ADVERTISEMENT</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>7-24-2020</u><br>Date | <u>\$ 461.00</u> |
| <b>Expenditure #3</b><br>Name<br>Address<br><input type="checkbox"/> Fund Raiser   | Purpose: _____<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                | _____<br>Date            | \$ _____         |
| <b>Expenditure #4</b><br>Name<br>Address<br><input type="checkbox"/> Fund Raiser   | Purpose: _____<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                | _____<br>Date            | \$ _____         |
| <b>Expenditure #5</b><br>Name<br>Address<br><input type="checkbox"/> Fund Raiser   | Purpose: _____<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                | _____<br>Date            | \$ _____         |

Subtotal this page 871.20

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) 871.20

Enter this total  
on line 8a of  
Summary Page



**State of Michigan**  
Campaign Finance Reporting

**RECEIPT**

*This acknowledges receipt of the following  
campaign report or statement*

Pre-Election Campaign Finance Statement

*Document Name and Type (i.e. Original)*

4114

*Sequence Number*

45-2004-012

*Committee I.D. Number*

July 21, 2020

*Date and Time of Receipt*

*Filer:* Joseph T. Hubbell



*Registered Mail Postmark Date*

**Filing Official**

Secretary of State

X County Clerk: Leelanau

*Michael A. Cook* July 21, 2020  
Signature Date



#4114

# CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

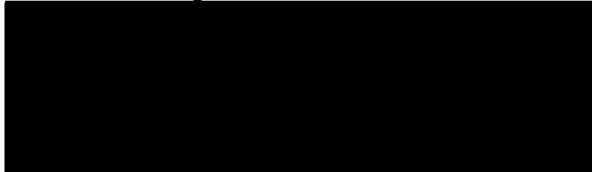
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number

45-2004-012

2. Committee Name *Committee to Reelect Joseph T. Hubbell prosecutor*

5. Committee's Mailing Address



Area Code and Phone \_\_\_\_\_  
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.

7. Treasurer's Business Address

Area Code and Phone \_\_\_\_\_

## 9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☒ Primary
- ☐ General
- ☐ Convention
- ☐ Special
- ☐ School
- ☐ Caucus

Date of Election, Convention or Caucus

08-14-2020

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

- ☐ July Quarterly
- ☐ October Quarterly

9c. ☐ Annual Statement (\_\_\_\_\_) Coverage Year

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

## 9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution \_\_\_\_\_

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

FILED

JUL 21 2020

MICHELLE L. CROCKER  
LEELANAU COUNTY CLERK  
18TH CIRCUIT COURT

Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record Keeper

*Colleen A. Gallagher*  
Type or Print Name

*Colleen A. Gallagher*  
Signature *by permission*

Date

7-21-2020

Candidate

*Joseph T. Hubbell*  
Type or Print Name

*Joseph T. Hubbell*  
Signature

Date

7-20-2020



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

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

2. Committee Name Comm to Recall  
Joseph T. Whithell Prosecution

**RECEIPTS**

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

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

(4.) \$                     

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

(5.) \$ 4050.00

(18.) \$                     

(19.) \$                     

(20.) \$                     

**IN-KIND CONTRIBUTIONS & EXPENDITURES**

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

(6.) \$                     

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

(7.) \$                     

(21.) \$                     

(22.) \$                     

**EXPENDITURES**

8. Expenditures

a. Itemized (Schedule 1B, Column 6)

(8a.) \$ 3387.58

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)

10. Disbursements

a. Itemized (Schedule 1C, Column 6)

(10a.) \$                     

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

(10b.) \$                     

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

(11.) \$                     

(24.) \$                     

**DEBTS AND OBLIGATIONS**

12. Debts and Obligations

a. Owed by the Committee (Schedule 1E)

(12a.) \$                     

b. Owed to the Committee (Schedule 1E)

(12b.) \$                     

**BALANCE STATEMENT**

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

(13.) \$ 0

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

(14.) + \$ 4050.00

15. **SUBTOTAL** Add lines 13 and 14

(15.) = \$ 4050.00

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

(16.) - \$ 3387.50

17. **ENDING BALANCE**

(Subtract line 16 from line 15)

(17.) \$ 662.50





**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 45-2004-012  
2. Committee Name Comm to Reelect JTA Provo

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

6. Amount

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

3. Contribution # 1 PAC Receipt? ☐ YES

4. Date of Receipt 6-2-2020

Name & Address:

JOSEPH T. HUBBELL

\$ 500.00

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

Occupation Prosecutor Employer LEELOWAN COUNTY

[Click Here for Memo Itemization](#)

Business Address 8527 E. GOVT CENTER DR. SUTTONS Bay, MI 49682

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

3. Contribution # 2 PAC Receipt? ☐ YES

4. Date of Receipt 6/6/2020

Name & Address:

MICHAEL J. AMLEN

\$ 100.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Business Address \_\_\_\_\_

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

3. Contribution # 3 PAC Receipt? ☐ YES

4. Date of Receipt 6-7-2020

Name & Address:

F. RANDALL KARFONTA

\$ 100.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

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

3. Contribution # 4 PAC Receipt? ☐ YES

4. Date of Receipt 6-7-2020

Name & Address:

PETER DEEGAN

\$ 50.00

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

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

Page Subtotal

750.00

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

Enter this total on line 3a of Summary Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 45-2004-012  
2. Committee Name Comm to Re elect JTA Pross

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 6-10-2020

Name & Address:

JOHN Grogan

\$ 100.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

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

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 6-15-2020

Name & Address:

JEFFREY NORMAN

\$ 100.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

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

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 6-13-2020

Name & Address:

DURAN SHUGART

\$ 100.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

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

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 6-16-2020

Name & Address:

JAMES D. WILLIAMS

\$ 200.00

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

Occupation Attorney Employer SELF

[Click Here for Memo Itemization](#)

Business Address 105 W. Broadway, ME 49682

Type of Contribution: ☒ Direct ☐ 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 on  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 45-2004-012  
2. Committee Name Comm To REELECT JIM Pires

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 6-16-2020

Name & Address:

PHILIP E. ROGERS, JR.

\$ 50.00 \$

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

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

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 6-16-2020

Name & Address

Joseph C. Fisher

\$ 100.00 \$

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

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

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt \_\_\_\_\_

Name & Address:

DAVID CLARK

\$ 50.00 \$

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

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

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt \_\_\_\_\_

Name & Address

ROBERT WHIMS

\$ 250.00 \$

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

Occupation Attorney Employer SELF

[Click Here for Memo Itemization](#)

Business Address 1239 E WEST BAYSHORE DRIVE TRAVELERS CTR. MI 49664

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

Page Subtotal

450.00

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

1200.00

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 45-2004-012  
2. Committee Name Comm to Reelect JTK Prince

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 6-25-2020

Name & Address:

SHAWN WARDEN

\$ 200.00

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

Occupation Attorney Employer Self

Click Here for Memo Itemization

Business Address 502 RAILROAD AVE TC, MI 49686

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

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 6-30-2020

Name & Address:

DOUGLAS DONALDSON

\$ 300.00

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

Occupation Prosecutor Employer LESLIE COUNTY

Click Here for Memo Itemization

Business Address 8527 E. GOUD CENTER DR, SUDBURY MI 49682

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

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 6-26-2020

Name & Address:

KAREN COONEY

\$ 150.00

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

Occupation Teacher Employer Preschool Administration

Click Here for Memo Itemization

Business Address 7247 Ambler DR Traverse City, MI 49686

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

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 7-6-2020

Name & Address:

ROBERT WAWLEN

\$ 100.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Click Here for Memo Itemization

Business Address \_\_\_\_\_

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

Page Subtotal

750.00

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

2450.00

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number \_\_\_\_\_

2. Committee Name \_\_\_\_\_

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 7-5-2020

Name & Address:

ROBERT GRUBOWSKI

\$ 50.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

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

3. Contribution #2

PAC Receipt? ☐ YES

4. Date of Receipt 7-11-2020

Name & Address:

MIKE KINT

\$ 50.00

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

[Click Here for Memo Itemization](#)

Business Address \_\_\_\_\_

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

3. Contribution # 3

PAC Receipt? ☐ YES

4. Date of Receipt 7-17-2020

Name & Address:

DOUG DONALDSON

\$ 200.00

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

Occupation Prosecutor Employer LEARNER COUNTY

[Click Here for Memo Itemization](#)

Business Address 8527 E. GOVT CENTER DR. SUTTONS Bay, MI 49682

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

3. Contribution # 4

PAC Receipt? ☐ YES

4. Date of Receipt 7-9-2020

Name & Address:

☒ DIRECT

\$ 1300.00

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

Occupation Prosecutor Employer LEARNER COUNTY

[Click Here for Memo Itemization](#)

Business Address 8527 E. GOVT Center DR. Suttons Bay, MI 49682

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

Page Subtotal

300.00

1,400.00

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

2750.00

4,050.00


Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

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

2. Committee Name Comm to Reelect JTA Project

| 3. Name and address of person or vendor to whom paid  | 4. Purpose (Required Information)  | 5. Date                  | 6. Amount        |
|---|--|--------------------------|------------------|
| <b>Expenditure #1</b><br>Name <u>USPS</u><br>Address <u>LAKE LEBLANCH, MS 39653</u><br><input type="checkbox"/> Fund Raiser   | Purpose: <u>STAMPS</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement     | <u>6-2-2020</u><br>Date  | <u>\$ 55.00</u>  |
| <b>Expenditure #2</b><br>Name <u>Tristan Chomera</u><br>Address <br><input type="checkbox"/> Fund Raiser | Purpose: <u>FACE BOOK</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement  | <u>6-13-2020</u><br>Date | <u>\$ 100.00</u> |
| <b>Expenditure #3</b><br>Name <u>LS LONN ENTERPRISE</u><br>Address <u>7200 E. DUCK LAKE RD LAKE LEBLANCH, MS 39653</u><br><input type="checkbox"/> Fund Raiser                            | Purpose: <u>AD</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement         | <u>6/22/2020</u><br>Date | <u>\$ 246.50</u> |
| <b>Expenditure #4</b><br>Name <u>LS LONN ENTERPRISE</u><br>Address <u>LAKE LEBLANCH, MS 39653</u><br><input type="checkbox"/> Fund Raiser   | Purpose: <u>YARD SIGNS</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>6/14/2020</u><br>Date | <u>\$ 344.68</u> |
| <b>Expenditure #5</b><br>Name <u>LEBLANCH County Clerk</u><br>Address <u>LAKE LEBLANCH, MS 39653</u><br><input type="checkbox"/> Fund Raiser  | Purpose: <u>AV LIST</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement    | <u>6-26-2020</u><br>Date | <u>\$ 25.00</u>  |

Subtotal this page

776.18

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

2. Committee Name Committee for the People

| 3. Name and address of person or vendor to whom paid   | 4. Purpose (Required Information) | 5. Date  | 6. Amount                                   |
|--|-----------------------------------|--|---|
| Expenditure #1<br>Name <u>LESSLAWAN ENTERPRISE</u><br>Address _____<br><input type="checkbox"/> Fund Raiser  | Purpose: <u>AD</u>                | <u>6-26-2020</u><br>Date   | \$ <u>294.30</u>                            |
| Click Here for Memo Itemization Type<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement |                                   |  |   |
| Expenditure #2<br>Name <u>LESSLAWAN ENTERPRISE</u><br>Address _____<br><input type="checkbox"/> Fund Raiser  | Purpose: <u>AD/CAND NAME</u>      | <u>6-29-2020</u><br>Date   | \$ <u>165.00</u>                            |
| Click Here for Memo Itemization Type<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement |                                   |  |   |
| Expenditure #3<br>Name <u>LESSLAWAN ENTERPRISE</u><br>Address _____<br><input type="checkbox"/> Fund Raiser  | Purpose: <u>AD</u>                | <u>7-2-2020</u><br>Date  | \$ <u>294.30</u>                            |
| Click Here for Memo Itemization Type<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement |                                   |  |   |
| Expenditure #4<br>Name <u>LESSLAWAN ENTERPRISE</u><br>Address _____<br><input type="checkbox"/> Fund Raiser  | Purpose: <u>AV MAILING</u>        | <u>7-9-2020</u><br>Date  | \$ <u>1202.50</u>                           |
| Click Here for Memo Itemization Type<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement |                                   |  |   |
| Expenditure #5<br>Name <u>LESSLAWAN ENTERPRISE</u><br>Address _____<br><input type="checkbox"/> Fund Raiser  | Purpose: <u>AD</u>                | <u>7-14-2020</u><br>Date   | \$ <u>294.30</u>                            |
| Click Here for Memo Itemization Type<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement |                                   |  |   |
| 2,256.40 →   |                                   | Subtotal this page   | <u>2,256.40</u>                             |
| 3021.58 →  |                                   | Grand Total of all Schedules 1B<br>(Complete on last page of Schedule) | <u>3,021.58</u>                             |
|  |                                   |  | Enter this total on line 8a of Summary Page |



ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 415-20024-012

2. Committee Name Comm to Reelect Stitt Rouse

| 3. Name and address of person or vendor to whom paid  | 4. Purpose (Required Information)  | 5. Date                  | 6. Amount        |
|---|--|--------------------------|------------------|
| Expenditure #1<br>Name <u>LSGLOWMAN ENTERPRISE</u><br>Address _____<br><input type="checkbox"/> Fund Raiser | Purpose: <u>AD</u><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>2-17-2020</u><br>Date | <u>\$ 366.00</u> |
| Expenditure #2<br>Name _____<br>Address _____<br><input type="checkbox"/> Fund Raiser                       | Purpose: _____<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement     | _____<br>Date            | \$ _____         |
| Expenditure #3<br>Name _____<br>Address _____<br><input type="checkbox"/> Fund Raiser                       | Purpose: _____<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement     | _____<br>Date            | \$ _____         |
| Expenditure #4<br>Name _____<br>Address _____<br><input type="checkbox"/> Fund Raiser                       | Purpose: _____<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement     | _____<br>Date            | \$ _____         |
| Expenditure #5<br>Name _____<br>Address _____<br><input type="checkbox"/> Fund Raiser                       | Purpose: _____<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement     | _____<br>Date            | \$ _____         |

Subtotal this page

366.00

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

3387.58

Enter this total  
on line 8a of  
Summary Page