Amended

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
04 OCT -8 PM 3:58

CANDIDATE COMMITTEE COVER PAGE

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

3. This Statement covers From: 1-1-04 (Mo Day Year) to 9-30-04 (Mo Day Year)

1. Committee I.D. Number: 137432

2. Committee Name: CTE STACY CERGET

4. Candidate Last Name: CERGET First Name: STACY M.I.: K

4a. Office Sought Including District # or Community Served (If applicable): SHELBY TOWNSHIP SUPERVISOR

4b. County of Residence: MACOMB

5. Committee's Mailing Address: 5551 DOUGLAS CT. SHELBY TWP. MI 48315
Area Code and Phone: 586 739 1892
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.

6. Treasurer's Name & Residential Address: MARY JO CERGET 53580 SOPHIA Shelby Twp. MI 48316
Area Code & Phone: (586) 781 4917

7. Treasurer's Business Address: N/A
Area Code and Phone ( )

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper): N/A
Area Code and Phone ( )

9. TYPE OF STATEMENT

9a. [X] Pre-Election OR 9b. [ ] Post-Election

Pre-Election or Post-Election Statement relates to:

[X] Primary [ ] General
[ ] Convention [ ] School
[ ] Special [ ] Caucus

Date of Election, Convention or Caucus: Aug 3 2004 (Month Day Year)

9c. [X] Annual Statement (2004 Coverage Year)

9d. [X] Amendment to Campaign Statement (Complete item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. [ ] Dissolution of Candidate Committee

Effective Date of Dissolution: ____ (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 if 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 all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the $1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.**

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.

Current Treasurer or Designated Record keeper: MARY JO CERGET (Type or Print Name) M. Cerget (Signature) Date: 7 20 04 (Mo Day Year)

Candidate: STACY CERGET (Type or Print Name) Stacy Cerget (Signature) Date: 7 20 04 (Mo Day Year)

Authority granted under P.A. 388 of 1976

Amended 8/12/04.
STACY CERGET Stacy Cerget - 8/12/04
Stacy Cerget 10/7/04

Ammended

MICHIGAN DEPARTMENT OF STATE
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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137422
2. Committee Name CTE STACY CERGET

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 6/16/04 Name: Address: Abdo Saleh $500.00 5. If over $100.00 cumula 48548 Roma Velly Circle G-50 MJC Homes Occupation Utica, MI 48317 Project Manager Business Address 2001 Cut Crystal Dr, Shelby Twp. MI 48315 Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	500	500
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 6/16/04 Name: Address: Debra Omar $500.00 5. If over $100.00 cumul 48548 Roma Valley Cir G-50 Occupation Utica, MI 48317 MJC Windows Business Address 2001 Cut Crystal Drive, Shelby Twp. MI 48315 Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	500	500
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 6/16/04 Name: Address: Sandra Rose $500.00 5. If over $100.00 cu 53478 Garland Occupation Shelby Twp., MI 48316 MJC Windows Business Address 2001 Cut crystal, Shelby Twp. MI 48315 Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	500	500
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 6/16/04 Name: Address: Francesco Bartolotta $500.00 5. If over $100.00 cum 55619 Monroe Occupation Shelby Township, MI 48316 Nino Homes Business Address Developer 2001 Cut Crystal, Shelby Twp. MI 48315 Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	500	500
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	2000	

Enter this total on line 3 of Summary Page.

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