Todd Schmitz
Deputy Clerk

Carmella Sabaugh
Macomb County
Clerk/Register of Deeds

Betty A. Oleksik
Deputy Register of Deeds

July 6, 2006

CTE Sheryl Russo
20029 Abraham
Clinton Twp., MI 48035

Dear Committee:

Effective in July, a report detailing campaign finance fees owed by committees will be available to the public on my web site. As a courtesy, I wanted to give you the opportunity to pay your fees before the information is posted on the web.

Our records indicate that your committee, #136808 - CTE Sheryl Russo, currently owes a total of $1,000.00.

Checks or money orders should be made payable to *Macomb County Clerk*. For your convenience, I am enclosing a form that may be used for credit card payments and can either be mailed or faxed back to us. Our fax number is (586) 469-6927 and our mailing address is: Macomb County Clerk, Election Dept., 40 North Main, Mount Clemens, MI 48043.

If you have any questions about this information, please feel free to contact the Election Department of my office at (586) 469-5209. Thank you.

Yours truly,

Carmella Sabaugh
Macomb County Clerk/Register of Deeds

Clerk's Office
40 N. Main St.
Mount Clemens, MI 48043
586-469-5120
Fax: 586-783-8184
http://www.macombcountymi.gov/clerksoffice
clerksoffice@macombcountymi.gov

Fax-on-Demand
Michigan: 1-888-99-CLERK
Out-of-State: 310-575-5035

Register of Deeds
10 N. Main St.
Mount Clemens, MI 48043
586-469-5175
Fax: 586-469-5130
http://www.macombcountymi.gov/registerdeeds
registerdeeds@macombcountymi.gov

MACOMB COUNTY ELECTIONS DEPARTMENT
CAMPAIGN FINANCE FEE PAYMENT FAX SHEET

FAX THIS FORM TO ELECTIONS AT 586-469-6927

Name of Committee: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____ E-mail: _____

Document(s) payment is for: _____

_____

I authorize the Macomb County Elections Department to charge my credit card up to $_____.00 for Campaign Finance Fees owed by the committee stated above.

PAYMENT INFORMATION

Type of credit card being used:

- ☐ Visa
- ☐ MasterCard
- ☐ American Express
- ☐ Discover

Cardholder name (please print):

_____

Cardholder signature (REQUIRED):

_____

Date: _____

Credit card number:

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Expiration date:

_ _ / _ _

FORM CAN ALSO BE MAILED TO:
Macomb County Clerk
Election Department
40 North Main Street
Mount Clemens, MI 48043

For copies of this form or other forms call:
888-99-CLERK (888-992-5375)
Out of Michigan call: 310-575-5035
This form is document #6720
A complete listing of forms is document #1
For help completing this form call
586-469-5209

You may view outstanding Campaign Finance balances at http://campaignfinance.macombcountymi.gov/

FAX THIS FORM TO: 586-469-6927

The County Clerk's Office copy of this form will be destroyed after processing.