MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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MACOMB COUNTY CLERK
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# 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.

3. This Statement covers From: 4-17-06 to 5-22-06

1. Committee I.D. Number: 137695

2. Committee Name: COMMITTEE TO ELECT SARA MURRAY

4. Candidate Last Name: MURRAY First Name: SARA M.I.: L

4a. Office Sought Including District # or Community Served (If applicable): TRUSTEE, ROMEO SCHOOL BOARD

4b. County of Residence: MACOMB

5. Committee's Mailing Address: 67100 QUAIL RIDGE WASHINGTON, MI 48095

Area Code and Phone: 586-752-3851

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: SARA MURRAY 67100 QUAIL RIDGE WASHINGTON, MI 48095

Area Code & Phone: 586-752-3851

7. Treasurer's Business Address: —

Area Code and Phone: _____

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper): —

Area Code and Phone: _____

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

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

Date of Election, Convention or Caucus: 05-02-06

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

Effective Date of Dissolution: _____

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: SARA MURRAY (Type or Print Name) Sara L Murray (Signature) Date: 9-29-06

Candidate: SARA MURRAY (Type or Print Name) Sara L Murray (Signature) Date: 9-29-06

Authority granted under P.A. 388 of 1976

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 137695

2. Committee Name COMMITTEE TO ELECT SARA MURRAY

# SUMMARY PAGE
# CANDIDATE COMMITTEE

| RECEIPTS | | Column I This Period | Column II Cumulative this election cycle |
|---|---|---|---|
| 3. Contributions | | | |
| a. Itemized (Schedule 1A - Column 6) | (3a.) $ | 710.00 | |
| b. Unitemized (less than $20.01 each - no Schedule) | (3b.) $ | NOT APPLICABLE | |
| c. Subtotal of "Contributions" | (3c.) $ | 710.00 | (18.) $ |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) $ | | (19.) $ |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (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 | | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) $ | 1509.09 | |
| 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.) + $ | 1724.98 |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = $ | 1724.98 |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - $ | 1509.09 |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) $ | 215.89 |

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# ITEMIZED CONTRIBUTIONS
# SCHEDULE 1A
# CANDIDATE COMMITTEE

1. Committee I.D. Number 137695

2. Committee Name COMMITTEE TO ELECT SARA MURRAY

| 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 3-30-06

Name & Address:
MEA LOCAL

$ 500.00 $

5. If over $100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address 38550 GARFIELD, CLINTON TWP 48038

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address
SHIRLEY BERGMAN

$ 100.00 $

5. If over $100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address:
PAULINE ANDERSON

$ 25.00 $

5. If over $100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address
CHRIS SCARBOROUGH

$ 25.00 $

5. If over $100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal 650.00

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

Enter this total on line 3 of Summary Page.

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MICHIGAN DEPARTMENT OF STATE
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# ITEMIZED CONTRIBUTIONS
# SCHEDULE 1A
# CANDIDATE COMMITTEE

1. Committee I.D. Number 137695

2. Committee Name COMMITTEE TO ELECT SARA MURRAY

| 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 _____<br>Name & Address:<br>CASH<br>5. If over $100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | $ 60.00<br>Click Here for Memo Itemization | $ |
| 3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt _____<br>Name & Address<br>SARA MURRAY<br>67100 QUAIL RIDGE<br>WASHINGTON, MI 48095<br>5. If over $100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser | $ 1014.98<br>Click Here for Memo Itemization | $ |
| 3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt _____<br>Name & Address:<br>5. If over $100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | $<br>Click Here for Memo Itemization | $ |
| 3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____<br>Name & Address<br>5. If over $100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser | $<br>Click Here for Memo Itemization | $ |

Page Subtotal 1074.98

Grand Total of All Schedules 1A (Complete on last page of Schedule) 1724.98

Enter this total on line 3 of Summary Page.

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# ITEMIZED EXPENDITURES
## SCHEDULE 1B
## CANDIDATE COMMITTEE

1. Committee I. D. Number 137695

2. Committee Name COMMITTEE TO ELECT SARA MURRAY

| 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<br>Name K.B. SIGNS<br>Address 4820 IVANREST WYOMING, MI 49418<br>☐ Fund Raiser | Purpose: SIGNS<br>Click Here for Memo Itemization Type<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 4-13-06 | $ 1067.95 |
| Expenditure #2<br>Name PAT FEIGHAN<br>Address 6173 ROBIN HILL WASHINGTON, MI 48094<br>☐ Fund Raiser | Purpose: Postage, postcards, flyers, MISC -<br>Click Here for Memo Itemization Type<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 05.01. | $ 441.14 |
| Expenditure #3<br>Name<br>Address<br>☐ Fund Raiser | Purpose:<br>Click Here for Memo Itemization Type<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | | $ |
| Expenditure #4<br>Name<br>Address<br>☐ Fund Raiser | Purpose:<br>Click Here for Memo Itemization Type<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | | $ |
| Expenditure #5<br>Name<br>Address<br>☐ Fund Raiser | Purpose:<br>Click Here for Memo Itemization Type<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | | $ |

Subtotal this page 1509.09

Grand Total of all Schedules 1B (Complete on last page of Schedule) 1509.09

Enter this total on line 8a of Summary Page

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