MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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MACOMB COUNTY CLERK
MACOMB COUNTY, MICHIGAN

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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: 8/15/07 to 8/27/07

1. Committee I.D. Number: 137930

2. Committee Name: CTE Marilyn Marchwinski Marrocco

4. Candidate Last Name: Marchwinski Marrocco First Name: Marilyn M.I.: A

4a. Office Sought including District # or Community Served (If applicable): Warren City Council

4b. County of Residence: Macomb

5. Committee's Mailing Address
3106 Mckinley
Warren, Mi 48091
Area Code and Phone: 586-758-5884
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
Marilyn Marchwinski Marrocco
3106 Mckinley
Warren MI 48091
Area Code & Phone: 586-758-5884

7. Treasurer's Business Address
1 City Square
Warren, MI 48091
Area Code and Phone: 586-574-4539

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. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

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

Date of Election, Convention or Caucus: _____

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: Marilyn Marchwinski Marrocco (Type or Print Name) Marilyn Marchwinski Marrocco (Signature) Date: 9-18-07

Candidate: Marilyn Marchwinski Marrocco (Type or Print Name) Marilyn Marchwinski Marrocco (Signature) Date: 9-19-07

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 137930

SUMMARY PAGE
CANDIDATE COMMITTEE

2. Committee Name _____

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) $ 1050.00	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $	(18.) $
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $ 1520.02	(19.) $
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $ 2570.02	(20.) $
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $ 1640.00	(21.) $
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $	(22.) $
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) $ 1000.00	
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.) $ 000
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $ 2570.02
15. SUBTOTAL Add lines 13 and 14	(15.) = $ 2570.02
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $ 1000.00
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $ 1570.02

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137930

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 8/10/07 Name & Address: DOUGLAS R EICHLE 24950 CITY CENTER WARREN 5. If over $100.00 cumulative, please provide: Occupation TREASURERS Employer CITY OF WARREN Business Address 1 CITY SQUARE Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 150.00	$ 150.00 Click Here for Memo Itemization TRANSFER FROM 13604
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 8/10/07 Name & Address TERRANCE GILSENAN 1 CITY SQUARE WARREN 5. If over $100.00 cumulative, please provide: Occupation MANAGER Employer CITY OF WARREN Business Address 1 CITY SQUARE Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$ 100.00	$ 100.00 Click Here for Memo Itemization TRANSFER FROM 13604
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt Name & Address: 5. If over $100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$	$ Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt Name & Address 5. If over $100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$	$ Click Here for Memo Itemization

Page Subtotal 250.00

Grand Total of All Schedules 1A (Complete on last page of Schedule) 1050.00

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 137930

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 8/10/07 Name & Address: MARY K. RIORDAN 10478 Hunt AVE Huntington WOODS 48075 5. If over $100.00 cumulative, please provide: Occupation Homemaker Employer Business Address 10478 Hunt AVE Huntington Woods Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$500.00	$500.00 Click Here for Memo Itemization TRANSFER FROM 13606
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 8/10/07 Name & Address TOM ZEMSTA 27305 LA ROSE WARREN ME 5. If over $100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$100.00	$100.00 Click Here for Memo Itemization TRANSFER FROM 13606
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 8/10/07 Name & Address: Robert SHEPARD 2550 TAMPA WALLED LAKE MI 5. If over $100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$100.00	$100.00 Click Here for Memo Itemization TRANSFER FROM 13606
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 8/10/07 Name & Address William David O'BRIAN 21465 ATLANTIC WARREN MI 5. If over $100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$100.00	$100.00 Click Here for Memo Itemization TRANSFER FROM 13606

Page Subtotal 400.00

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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ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1
CANDIDATE COMMITTEE

1. Committee I.D. Number 137930

2. Committee Name

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: 136036 CTE MARILYN MARCHWINSKI MARRICO	Date of Receipt 8-10-07 ☐ Fund Raiser	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☒ Other (Specify) TRANSFER	$1500.02 Click for Memo Itemization Type
Receipt #2 Name & Address:	Date of Receipt _____ ☐ Fund Raiser	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	$_____ Click for Memo Itemization Type
Receipt #3 Name & Address:	Date of Receipt _____ ☐ Fund Raiser	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	$_____ Click for Memo Itemization Type
Receipt #4 Name & Address:	Date of Receipt _____ ☐ Fund Raiser	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	$_____ Click for Memo Itemization Type
Receipt #5 Name & Address:	Date of Receipt _____ ☐ Fund Raiser	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	$_____ Click for Memo Itemization Type
Receipt #6 Name & Address:	Date of Receipt _____ ☐ Fund Raiser	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	$_____ Click for Memo Itemization Type
Receipt #7 Name & Address:	Date of Receipt _____ ☐ Fund Raiser	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	$_____ Click for Memo Itemization Type

Page Subtotal

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

Enter this total on line 4 of Summary Page

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ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I. D. Number 137930

2. Committee Name

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: MARILYN MARROCCO 3106 McKinley WARREN, MI 48091 **If over $100.00 cumulative, please provide:** Occupation: Employer Name & Business Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- **LOAN** Description POSTAGE 5. Date Of Receipt: 7/31/07 6. **Vendor Name & Address:** WARREN USPS Click for Memo Itemization Type	$ 150.00	$ 150.00
Contribution # 2 PAC Receipt? ☐ Yes Name & Address MARILYN MARROCCO **If over $100.00 cumulative, please provide:** Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- **LOAN** Description LABELS 5. Date Of Receipt: 7/21/07 6. **Vendor Name & Address:** KINKO'S VAN DYKE STERLING HTS, MI Click for Memo Itemization Type	$ 140.00	$ 140.00
Contribution #3 PAC Receipt? ☐ Yes Name & Address: **If over $100.00 cumulative, please provide:** Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- **LOAN** Description 5. Date Of Receipt: 6. **Vendor Name & Address:** Click for Memo Itemization Type	$	$

Page Subtotal		
Grand Total of all Schedules 1-IK (Complete on last page of Schedule)		Enter this total on line 6 of Summary Page

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137930

2. Committee Name

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 Name JAMES DOLAN Address 42850 GARFIELD CLINTON TWSP 48038 ☐ Fund Raiser	Purpose: COURT COST Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	8/10/07	$ 650.00
Expenditure #2 Name ALEGRA PRINTING Address 481 BERNICE CENTERLINE, MI ☐ Fund Raiser	Purpose: PRINTING Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	8/10/07	$ 350.00
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	Date	$
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	Date	$
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	Date	$

Subtotal this page

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

Enter this total on line 8a of Summary Page

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