MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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: 10-21-07 to NOV 25-07

1. Committee I.D. Number: 137246

2. Committee Name: CTE Rod Selvidge

4. Candidate Last Name: Selvidge First Name: Rodd M.I.: A

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

4b. County of Residence: Macomb

5. Committee's Mailing Address: 15824 Charles R, Eastpointe MI 48021

Area Code and Phone: 586 344 4178

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: Rod Selvidge, 15824 Charles R, Eastpointe MI 48021

Area Code & Phone: 586-344 4178

FILED 07 NOV 25 AM 9:50 CAROL ROSS MACOMB CO. CLERK MT. CLEMENS MICHIGAN

7. Treasurer's Business Address: 15824 Charles R, Eastpointe MI 48021

Area Code and Phone: 586 344 4178

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: Nov 6 2007

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: Rod Selvidge (Type or Print Name) _____ (Signature) Date: 11-25-07

Candidate: Rod Selvidge (Type or Print Name) _____ (Signature) Date: 11-25-07

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 137246

SUMMARY PAGE
CANDIDATE COMMITTEE

2. Committee Name CTE Law Solutions

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) $	500.00	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $	500.00	(18.) $ 3200.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $		(19.) $
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $	500.00	(20.) $ 3200.00
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	0	(21.) $ 0
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $	0	(22.) $ 0
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) $	2532.26	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) $	0	
c. Unitemized (less than $50.01 each - no Schedule)	(8c.) $	0	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) $	2532.26	(23.) $ 3921.45
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.) $	1310.81
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	500.00
15. SUBTOTAL Add lines 13 and 14	(15.) = $	1810.81
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	2532.26
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	(-721.45)

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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137246
2. Committee Name CTE Bon Selvidge

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)
	2700	

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 04-31 07
Name & Address:
Glenn Neuner
8281 Ten Mile
Centerline MI 48015

$ 250.00 $ 2950.00

5. If over $100.00 cumulative, please provide:
Occupation Business owner Employer
Business Address 8281 Ten Mile Centerline MI 48015
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Click Here for Memo Itemization

3. Contribution #2 PAC Receipt? ☒ YES 4. Date of Receipt NOV 1 07
Name & Address
East Detroit Police Officers Association PAC
16083 Nine Mile
Eastpointe MI 48021

$ 250.00 $ 3200

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 # 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	500.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	3200

Enter this total on line 3 of Summary Page.

Page ____ of ____

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137246

2. Committee Name CTE Bow Selvidge

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 MASS Mailing LLC Address 33970 Groesbeck Hwy Clinton Twp, MI 48035 ☐ Fund Raiser	Purpose: Mailing Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	Nov 1 07 Date	$ 251.96
Expenditure #2 Name US Post office Address ☐ Fund Raiser	Purpose: Mailing Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	Nov 1 Date	$ 930.30
Expenditure #3 Name Group 7500 Printing Address 7500 Oakland Detroit MI 48211 ☐ 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	11/6/07 Date	$ 1325.00
Expenditure #4 Name Macomb County Clerk Address 40 N. Main St. 1st Floor Mt. Clemens MI 48043 ☐ Fund Raiser	Purpose: Late fee Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/29 Date	$ 25.00
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	2532.26
Grand Total of all Schedules 1B (Complete on last page of Schedule)	3921.45

Enter this total on line 8a of Summary Page

Page _____ of _____