MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
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CAROL A. ROBAUCH
MACOMB COUNTY CLERK
MT. CLEMENS, MI

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 22 07 (Mo Day Year) to 11 26 07 (Mo Day Year)

1. Committee I.D. Number 137979

2. Committee Name MAURICE GEROMETTE for MAYOR

4. Candidate Last Name GEROMETTE First Name MAURICE M.I. P.

4a. Office Sought Including District # or Community Served (If applicable) FRASER MAYOR

4b. County of Residence Macomb

5. Committee's Mailing Address 32354 HUBER FRASER, MI 48026

Area Code and Phone 586-610-4247

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 MAURICE GEROMETTE 32354 HUBER LANE FRASER, MI 48026

Area Code & Phone (586) 610-4247

7. Treasurer's Business Address 32354 HUBER FRASER, MI 48026

Area Code and Phone (586) 610-4247

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

NONE

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

11 6 2007
Month Day Year

9c. ☑ Annual Statement (2007 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

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 MAURICE GEROMETTE (Type or Print Name) (Signature) Date 11 28 07 (Mo Day Year)

Candidate MAURICE GEROMETTE (Type or Print Name) (Signature) Date 11 28 07 (Mo Day Year)

Authority granted under P.A. 388 of 1976

1. Committee I.D. Number 137979

2. Committee Name Maurice Geromette for Mayor

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SUMMARY PAGE
CANDIDATE COMMITTEE

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) $	325.00	
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.) $		(19.) $
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $	325.00	(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.) $	453.75	
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.) $	453.75	(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.) $	130.71
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	325.00
15. SUBTOTAL Add lines 13 and 14	(15.) = $	455.71
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	453.75
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	1.96

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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137979
2. Committee Name Maurice Geromette for Mayor

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 11/1/07 Name: Joyce Devine Address: 16140 Clarkston Unit 5, Fraser 48026 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	100.00	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 11/1/07 Name: Jeanne Swank Address: 2416 Stark Street, Saginaw 48602 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$25.00	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 11/6/07 Name: Maurice Geromette Address: 32354 Huber Lane, Fraser 48026 5. If over $100.00 cumulative, please provide: Occupation Supervisor Employer STARS Business Address 615 Johnson, Saginaw 48607 Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	200.00	
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		
Page Subtotal	325.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	325.00	

Enter this total on line 3 of Summary Page.

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137979
2. Committee Name Maurice Geromette for Mayor

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 VFW Post Address Anita Fraser, 48026 ☐ Fund Raiser	Purpose: Election Party ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/6/07	280.00
Expenditure #2 Name Mr. Pita Address 41620 Garfield Clinton Township ☐ Fund Raiser	Purpose: Food for Election Part ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/6/07	173.75
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page	453.75
Grand Total of all Schedules 1B (Complete on last page of Schedule)	453.75

Enter this total on line 8a of Summary Page

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