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: 10-9-07 to 12-31-07

1. Committee I.D. Number: 138005

2. Committee Name: YES FOR LAKEVIEWS KIDS COMMITEE

4. Candidate Last Name / First Name / M.I.: LAKEVIEW School BOND

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

4b. County of Residence

5. Committee's Mailing Address: 20307 Erben St. St. Clair Shores MI 48081

Area Code and Phone: 586 615-4593

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: Roberta Parzynski, 20307 Erben St. St. Clair Shores MI 48081

Area Code & Phone: 586 615-4593

FILED 08 FEB 11 PM 2:10 CAROLINE M. BAUGH MACOMB COUNTY CLERK MT. CLEMENS MICHIGAN

7. Treasurer's Business Address: 20307 Erben St. St. Clair Shores MI 48081

Area Code and Phone: 586 615-4593

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper): Tracey Huyghe, 21019 Alexander, St. Clair Shores MI 48081

Area Code and Phone: 586 899-2033

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: 11-8-2007

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: 12-31-07

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: Roberta Parzynski (Type or Print Name) [signature] (Signature) Date: 2-6-08

Candidate _____ / _____ Date _____
Type or Print Name / Signature

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138005

SUMMARY PAGE
CANDIDATE COMMITTEE

2. Committee Name YES FOR LAKEVIEW Kids

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) $	1500.00	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $	1500.00	(18.) $
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $		(19.) $
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $	1500.00	(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.) $	1276.69	
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.) $	1276.69	(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.) + $	1500.00
15. SUBTOTAL Add lines 13 and 14	(15.) = $	1500.00
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	1276.69
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	223.41 *

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 138005

2. Committee Name YES FOR LAKEVIEW KIDS

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 10/16/07 Name & Address: Wright & Hunter INC. 2126 Kristen DR. Troy MI 48084 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	$ 100.00	$ ____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/16/07 Name & Address 4D Pharmacy Management Systems INC. 2520 Industrial Row Dr. Troy MI 48084 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	$ 50.00	$ ____ Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/18/07 Name & Address: ROUMELL, LANGE & Cholack, P.L.C. 314 Town Center Troy MI 48084 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	$ 250.00	$ ____ Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt ____ Name & Address Professional Benefits Services INC. 2959 Lucerne SE Suite 205 Grand Rapids MI 49546 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	$ 100.00	$ ____ Click Here for Memo Itemization

Page Subtotal ____

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

Enter this total on line 3a 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 138005

2. Committee Name YES FOR Lakeview Kids

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 10/23/07 Name & Address: William Walter Heating & Cooling PO Box 391 Flint MI 48501 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	$ 200.00	$ ____ Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt ____ Name & Address The PFM Group 305 E. Eisenhower Parkway Ste. 305 Ann Arbor MI 48108 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	$ 100.00	$ ____ Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt ____ Name & Address: Enviro-Clean 2457 112th Ave Holland MI 49424 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	$ 200.00	$ ____ 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 ____

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

Enter this total on line 3a of Summary Page.

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MICHIGAN DEPARTMENT OF STATE
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 138005

2. Committee Name YES FOR LAKEVIEW KIDS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Tracey Huyghe Address 21019 Alexander St. Clair Shores MI 48081 ☐ Fund Raiser	Purpose: Ribbons & Stamps Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	12/9/07	$135.04
Expenditure #2 Name Paula Zerillo Address 27816 Manhattan St. Clair Shores MI 48081 ☐ Fund Raiser	Purpose: Ribbons & Fillers Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	12/9/07	$52.82
Expenditure #3 Name C&G Newspaper Address 13650 E. 11 Mile Rd Warren MI 48089 ☐ Fund Raiser	Purpose: Advertising Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	12/9/07	$522.00
Expenditure #4 Name City of St. Clair Shores Address 27600 Jefferson St. Clair Shores MI 48081 ☐ Fund Raiser	Purpose: Absentee Voter Info Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/10/07	$61.70
Expenditure #5 Name J's Silkscreens Address 18132 E. 10 Mile Rd Eastpointe MI 48021 ☐ Fund Raiser	Purpose: T-Shirts Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/28/07	$465.13

Subtotal this page

Grand Total of all Schedules 1B (Complete on last page of Schedule) 1276.69

Enter this total on line 8a of Summary Page

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