MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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INDEPENDENT/POLITICAL 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

3. This Statement covers From: 07/21/08 To 09/04/08

1. Committee I.D. Number
13700850

2. Committee Name
CITIZENS FOR RESPONSIVE AND ETHICAL GOVERNMENT

4. Committee's Mailing Address
39295 RIVERCREST
HARRISON TOWNSHIP, MI. 48045

Area Code and Phone (586) 465-1595

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.

5. Treasurer's Name and Residential Address
JAMES A. ULINSKI
39295 RIVERCREST
HARRISON TOWNSHIP, MI. 48045

Area Code and Phone (586) 465-1595

6. Treasurer's Business Address

Area Code and Phone

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

Area Code and Phone

8. TYPE OF STATEMENT:

APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON **STATE LEVEL**

8a. TRIANNUAL STATEMENTS

Even Year	Odd Year
☐ April 25	☐ January 31
☐ July 25	☐ July 25
☐ October 25	☐ October 25

8b. QUARTERLY STATEMENTS
CAUCUS COMMITTEES (ONLY)

☐ January 31 ☐ April 25
☐ July 25 ☐ October 25

8c ☐ SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT

APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON **COUNTY LEVEL**

8d. ☐ ANNUAL STATEMENT
(_____ Coverage Year)

8e. ☐ PRE-ELECTION OR

8f. ☑ POST-ELECTION

Pre-Election or Post-Election Statement relates to:

☑ PRIMARY ☐ GENERAL
☐ CONVENTION ☐ SCHOOL
☐ SPECIAL ☐ CAUCUS

Date of Election, Convention or Caucus:
08/05/08

APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON **STATE AND COUNTY LEVEL**

8g. ☐ AMENDMENT TO CAMPAIGN STATEMENT
(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being amended)

8h. ☐ **DISSOLUTION OF COMMITTEE**

_____
Effective Date of Dissolution

By checking this item, I\We certify that the committee has no asset or outstanding debts, including late filing fees. Further, I 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 2B 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 or 7 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 can not be waived.**

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record Keeper JAMES A. ULINSKI (Type or Print Name) [signature] (Signature) Date 9/3/08

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 13700850

2. Committee Name CITIZENS FOR RESPONSIVE AND ETHICAL GOVERNMENT

SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE

RECEIPTS		Column I This Period	Column II Cumulative for Calendar Year
3. Contributions			
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8	(3a.) $	100.00	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $	100.00	(18.) $ 100.00
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) $	0.00	(19.) $ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.) $	100.00	(20.) $ 100.00
IN-KIND CONTRIBUTIONS			
6. In-Kind Contributions a. Itemized (Schedule 2-IK, Column 7)	(6a.) $	0.00	
b. Unitemized (less than $20.01 each - no Schedule)	(6b.) $	NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) $	0.00	(21.) $ 0.00
EXPENDITURES			
8. Expenditures a. Itemized Direct (Schedule 2B, Column 7)	(8a.) $	75.00	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) $	0.00	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) $	0.00	
d. Unitemized (less than $50.01 each - no Schedule)	(8d.) $	0.00	
e. Subtotal of Expenditures	(8e.) $	75.00	(22.) $ 75.00
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) $	0.00	(23.) $ 0.00
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) $	75.00	(24.) $ 75.00
IN-KIND EXPENDITURES			
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) $	0.00	(25.) $ 0.00
DEBTS AND OBLIGATIONS			
12. Debts and Obligations a. Owed **by** the Committee (Schedule 2E)	(12a.) $	0.00	
b. Owed **to** the Committee (Schedule 2E)	(12b.) $	0.00	

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $	0.00
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) +	100.00
15. SUBTOTAL Add lines 13 and 14	(15.) =	100.00
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) -	75.00
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	25.00 *

***If your ending balance is negative, please recheck your math.**

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 13700850

2. Committee Name CITIZENS FOR RESPONSIVE AND ETHICAL GOVERNMENT

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)

3. Contribution # 1
Is this contribution from a PAC? ☐ YES 4. Date of Receipt 07/25/08
Name & Address:

C.T.E. SHARON EINEMAN
39765 CHART
HARRISON TOWNSHIP, MI. 48045

$ 100.00 $ 100.00

Click Here for Memo Itemization Type

5. If over $100.00 cumulative, please provide:

Occupation TRUSTEE Employer HARRISON TOWNSHIP

Business Address

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

3. Contribution # 2
Is this contribution from a PAC? ☐ YES 4. Date of Receipt
Name & Address:

$ $

Click Here for Memo Itemization Type

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

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

3. Contribution # 3
Is this contribution from a PAC? ☐ YES 4. Date of Receipt
Name & Address:

$ $

Click Here for Memo Itemization Type

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

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

3. Contribution # 4
Is this contribution from a PAC? ☐ YES 4. Date of Receipt
Name & Address:

$ $

Click Here for Memo Itemization Type

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

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

Page Subtotal	$100.00
Grand Total of All Schedules 2A (Complete on last page of Schedule)	$100.00

Enter this total on line 3a of Summary Page

Page _____ of _____

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 13700850
CITIZENS FOR RESPONSIVE AND ETHICAL GOVERNMENT

2. Committee Name

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7 Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: OFFICE MAX GRATIOT AVE ROSEVILLE, MI 4. Purpose: OFFICE SUPPLIES ☐ Fund Raiser	5. Name of Candidate Office Sought & District # or Jurisdiction County Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	08/01/08 Date Click Here for Memo Itemization Type	$75.00	$75.00
Expenditure #2 Name & Address: 4. Purpose: ☐ Fund Raiser	5. Name of Candidate Office Sought & District # or Jurisdiction County Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	Date Click Here for Memo Itemization Type	$	$
Expenditure #3 Name & Address: 4. Purpose: ☐ Fund Raiser	5. Name of Candidate Office Sought & District # or Jurisdiction County Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	Date Click Here for Memo Itemization Type	$	$
Expenditure #4 Name & Address: 4. Purpose: ☐ Fund Raiser	5. Name of Candidate Office Sought & District # or Jurisdiction County Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	Date Click Here for Memo Itemization Type	$	$

Subtotal this page	$75.00
Grand Total of all Schedules 2B (Complete on last page of Schedule)	$75.00

Enter this total on line 8a of the Summary Page