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: 04/23/08 to 07/20/08

1. Committee I.D. Number
138080

2. Committee Name
The Committee to Elect Alisha M Baker

4. Candidate Last Name: Baker First Name: Alisha M.I.: M

4a. Office Sought Including District # or Community Served (If applicable)
Macomb County Charter Commissioner, District 17

4b. County of Residence Macomb

5. Committee's Mailing Address
75 Scott Boulevard
Mount Clemens, MI 48043

Area Code and Phone (586) 557-8999

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
Michele T Rager
26843 LaSalle
Roseville, MI 48066

Area Code & Phone (586) 445-0908

FILED 08 OCT -7 PM 3:37

7. Treasurer's Business Address

Area Code and Phone

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
Madeline Turner
17183 Merryweather
Clinton Township, MI 48038

Area Code and Phone (586) 263-4954

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
08/05/08

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: Michele T Rager (Type or Print Name) — Signature: Michele T Rager — Date: 10/06/08

Candidate: Alisha M Baker (Type or Print Name) — Signature: Alisha M Baker — Date: 10/06/08

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 138080

2. Committee Name The Committee to Elect Alisha M. Baker

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 06/19/08 Name & Address: Lalaja M Webb 401 Regency Ct. #4 Louisville, KY 40207 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$50.00	$
3. Contribution #2 PAC Receipt? ☑ YES 4. Date of Receipt 06/26/08 Name & Address Friends of Macomb 37337 Tall Oak Dr. Clinton Township, MI 48036 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$250.00	$
3. Contribution # 3 PAC Receipt? ☑ YES 4. Date of Receipt 07/14/08 Name & Address: Local #1 PAC Michigan Education Association 38550 Garfield, Suite B Clinton Township, MI 48038 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 07/14/08 Name & Address Nicole Baker Brown 881 Bloomcrest Dr. Bloomfield Hills, MI 5. If over $100.00 cumulative, please provide: Occupation Attorney Employer Self Business Address 881 Bloomcrest Dr., Bloomfield Hills, MI Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$500.00	$

Click Here for Memo Itemization

Page Subtotal $900.00

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

Enter this total on line 5a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 138080

2. Committee Name The Committee to Elect Aisha M. Baker

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 07/14/08

Name & Address:
Mr and Mrs Frank Baker II
375 Park Ave – #2607
NYC, NY 10152

$ 1000.00 $

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation Managing Director Employer SAC PCG

Business Address 540 Madison Avenue New York, New York 10022

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt

Name & Address

$ $

Click Here for Memo Itemization

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 PAC Receipt? ☐ YES 4. Date of Receipt

Name & Address:

$ $

Click Here for Memo Itemization

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 PAC Receipt? ☐ YES 4. Date of Receipt

Name & Address

$ $

Click Here for Memo Itemization

5. If over $100.00 cumulative, please provide:

Occupation Employer

Business Address

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

Page Subtotal $1,000.00

Grand Total of All Schedules 1A (Complete on last page of Schedule) $1,900.00

Enter this total on line 3a of Summary Page.