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: 7/21/08 to 8/25/08

1. Committee I.D. Number: 138080

2. Committee Name: CTE 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 Dist 17

4b. County of Residence: Macomb

5. Committee's Mailing Address: 75 Scott Blvd, 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 La Salle, Roseville, MI 48066

Area Code & Phone: (586)445-0809

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 Menguatier, Clinton Twp, MI 48038

Area Code and Phone: (586)263-4954

FILED 09 FEB -5 AM 11:15 CAROLYN BUCCHIGNANO CLERK MACOMB COUNTY MT. CLEMENS, MICHIGAN

9. TYPE OF STATEMENT

9a. [ ] Pre-Election OR 9b. [X] Post-Election

Pre-Election or Post-Election Statement relates to:

[✓] Primary [ ] General

[ ] Convention [ ] School

[ ] Special [ ] Caucus

Date of Election, Convention or Caucus: 8/5/08

9c. [ ] Annual Statement (_____ Coverage Year)

9d. [X] 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) Michele T Rager (Signature) Date 2/5/09

Candidate: Alisha M. Baker (Type or Print Name) [signature] (Signature) Date 2/5/09

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138080

SUMMARY PAGE
CANDIDATE COMMITTEE

2. Committee Name CTC Alisha M. Baker

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) $	0.00	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $	0.00	(18.) $ 1900.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $	0.00	(19.) $ 0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $	0.00	(20.) $ 1900.00
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	706.95	(21.) $ 1185.39
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $	0.00	(22.) $
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) $	1086.10	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) $	0.00	
c. Unitemized (less than $50.01 each - no Schedule)	(8c.) $	0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) $	1086.10	(23.) $ 1900.00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) $	0.00	
b. Unitemized (less than $50.01 each - no Schedule)	(10b.) $	0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) $	0.00	(24.) $ 0.00
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) $	0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) $	0.00	

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $	1086.10
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	0.00
15. SUBTOTAL Add lines 13 and 14	(15.) = $	1086.10
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	1086.10
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	0.00

BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I. D. Number 138080

2. Committee Name CTE Alisha M Baker

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: Alisha M. Baker 75 Scott Blvd Mt. Clemens MI 48043 If over $100.00 cumulative, please provide: Occupation: Customer Service Mgr Employer Name & Business Address: DuPont 400 N. Groesbeck Hwy Mt Clemens MI 48043 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☒ Goods or Services Purchased by Candidate or Others- LOAN Description Political Mailer Printing 5. Date Of Receipt: 8/5/08 6. Vendor Name & Address: American Graphics Printing 34895 Groesbeck Hwy Clinton Twp., MI 48035 Click Here for Memo Itemization	$ 511.23	$ 511.23
Contribution # 2 PAC Receipt? ☐ Yes Name & Address If over $100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address: Click Here for Memo Itemization	$	$
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over $100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address: Click Here for Memo Itemization	$	$
	Page Subtotal	511.23	5.11.23
	Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	706.95	

Enter this total on line 6 of Summary Page

Page _____ of _____

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138080

2. Committee Name CTE Alisha M. Baker

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☑ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: Alisha M. Baker 75 Scott Blvd Mt Clemens MI 48043	4. Type: In Kind 5. Date Debt Was Incurred: 8/5/08 6. Original Amount of Debt: $ 511.23	$ $ $ $ $	$	$ 511.23 ☑ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: 5. Date Debt Was Incurred: 6. Original Amount of Debt: $	$ $ $ $ $	$	$ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: 5. Date Debt Was Incurred: 6. Original Amount of Debt: $	$ $ $ $ $	$	$ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				

Page Subtotal (Outstanding debt) Ø

Grand Total of all Schedules 1E Ø
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Page _____ of _____