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: 01-01-09 to 10-18-09

1. Committee I.D. Number: 136638

2. Committee Name: CTE Mark J. Moffitt

4. Candidate Last Name: MOFFITT First Name: MARK M.I.: J.

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

4b. County of Residence: MACOMB

5. Committee's Mailing Address: 21613 Frazho, SCS, MI 48081

Area Code and Phone: 586-777-0142

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: PAMELA D. MOFFITT, 21613 FRAZHO, SCS, MI 48081

Area Code & Phone: 586-777-0142

7. Treasurer's Business Address: N/A

Area Code and Phone:

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

Area Code and Phone:

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

[ ] Primary [X] General

[ ] Convention [ ] School

[ ] Special [ ] Caucus

Date of Election, Convention or Caucus: 11-03-09

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: PAMELA D. MOFFITT (Type or Print Name) Pamela D Moffitt (Signature) Date 10-23-09

Candidate: MARK J. MOFFITT (Type or Print Name) (Signature) Date 10-23-09

Authority granted under P.A. 388 of 1976

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 136638

# SUMMARY PAGE
# CANDIDATE COMMITTEE

2. Committee Name CITE MARK J MOFFITT

| RECEIPTS | | Column I This Period | Column II Cumulative this election cycle |
|---|---|---|---|
| 3. Contributions | | | |
| a. Itemized (Schedule 1A - Column 6) | (3a.) $ | 1670.00 | |
| b. Unitemized (less than $20.01 each - no Schedule) | (3b.) $ | NOT APPLICABLE | |
| c. Subtotal of "Contributions" | (3c.) $ | 1670.00 | (18.) $ 1670.00 |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) $ | Ø | (19.) $ Ø |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) $ | 1670.00 | (20.) $ 1670.00 |
| **IN-KIND CONTRIBUTIONS & EXPENDITURES** | | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) $ | Ø | (21.) $ Ø |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) $ | Ø | (22.) $ Ø |
| **EXPENDITURES** | | | |
| 8. Expenditures | | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) $ | 1260.68 | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) $ | Ø | |
| c. Unitemized (less than $50.01 each - no Schedule) | (8c.) $ | Ø | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) $ | 1260.68 | (23.) $ 1260.68 |
| **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.) $ | Ø |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + $ | 1670.00 |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = $ | 1670.00 |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - $ | 1260.68 |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) $ | 409.32 * |

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

# ITEMIZED CONTRIBUTIONS
# SCHEDULE 1A
# CANDIDATE COMMITTEE

1. Committee I.D. Number 136638

2. Committee Name CITE MARK J MOFFIT

| 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 10-1-09

Name & Address:
Steve Vitale
509 Langfield St.
Northville, MI 48167

$ 300.00 $ 300.00

5. If over $100.00 cumulative, please provide:

Occupation owner Employer Self

Business Address 29161 Jefferson Ave SCS, 48081

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

Click Here for Memo Itemization

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10-7-09

Name & Address
Al Guastello
28510 Harper Ave
SCS, MI 48081

$ 100.00 $ 100.00

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10-7-09

Name & Address:
Roy Rose
55620 Woodridge
Shelby Twp., MI 48316

$ 100.00 $ 100.00

6. 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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10-9-09

Name & Address
Robert Knopf
21165 Balfour
Clinton Twp. MI 48036

$ 250.00 $ 250.00

6. If over $100.00 cumulative, please provide:

Occupation Builder Employer self

Business Address Same

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

Click Here for Memo Itemization

Page Subtotal 750.00

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

Enter this total on line 3a of Summary Page.

Page 1 of 3

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

# ITEMIZED CONTRIBUTIONS
# SCHEDULE 1A
# CANDIDATE COMMITTEE

1. Committee I.D. Number 136638

2. Committee Name CTE MARK J. MOFFITT

| 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 10-10-09<br>Name & Address: George Duditch, 22908 Alger, SCS, MI 48080<br>5. If over $100.00 cumulative, please provide:<br>Occupation ____ Employer ____<br>Business Address ____<br>Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser | $ 10.00 | $ 10.00<br>Click Here for Memo Itemization |
| 3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10-10-09<br>Name & Address: Louise Hough, 22448 Statler, SCS, MI 48081<br>5. If over $100.00 cumulative, please provide:<br>Occupation ____ Employer ____<br>Business Address ____<br>Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser | $ 10.00 | $ 10.00<br>Click Here for Memo Itemization |
| 3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10-13-09<br>Name & Address: Gasper Fiore, 2411 Vinewood, Detroit, MI 48216<br>5. If over $100.00 cumulative, please provide:<br>Occupation owner Employer self<br>Business Address 19801 Pleasant, SCS, MI 48080<br>Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser | $ 250.00 | $ 250.00<br>Click Here for Memo Itemization |
| 3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10-12-09<br>Name & Address: William Nill, 491 Renaud, GPW, MI 48236<br>5. If over $100.00 cumulative, please provide:<br>Occupation Chairman Employer First State Bank<br>Business Address 21300 Little Mack, SCS, 48080<br>Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser | $ 200.00 | $ 200.00<br>Click Here for Memo Itemization |

Page Subtotal 470.00

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 136638
2. Committee Name CTE Mark J. Moffitt

| 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 10-13-09
Name & Address: PAUL OTT
19801 PLEASANT
SCS, MI 48080
$ 250.00 $ 250.00
5. If over $100.00 cumulative, please provide:
Occupation OWNER Employer TRUMBULL TOWING
Business Address 2411 Vinewood, Det. 48216
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser
Click Here for Memo Itemization

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10-14-09
Name & Address FRED MALOOF
22611 STARER
SCS, MI 48081
$ 200.00 $ 200.00
5. If over $100.00 cumulative, please provide:
Occupation OWNER Employer MALOOF'S
Business Address 28525 Harper SCS, 48081
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser
Click Here for Memo Itemization

3. Contribution # 3 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

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 450.00
Grand Total of All Schedules 1A (Complete on last page of Schedule) 1670.00
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 136638

2. Committee Name CTE MARK J MOFFITT

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|---|---|---|---|
| Expenditure #1<br>Name CITY OF ST.CLAIR SHRS<br>Address 27600 JEFFERSON CIR.<br>SCS, MI 48081<br>☐ Fund Raiser | Purpose: ELECTION INFO<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement<br>Click Here for Memo Itemization Type | 8/21/09 | $ 15.00 |
| Expenditure #2<br>Name CITY OF ST.CLAIR SHRS<br>Address 27600 JEFFERSON CIR.<br>SCS, MI 48081<br>☐ Fund Raiser | Purpose: VOTER DATA<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement<br>Click Here for Memo Itemization Type | 8/21/09 | $ 10.00 |
| Expenditure #3<br>Name U.S. Postal Service<br>Address 23125 GREATER MACK<br>SCS, MI 48080<br>☐ Fund Raiser | Purpose: STAMPS<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement<br>Click Here for Memo Itemization Type | 10/7/09 | $ 44.00 |
| Expenditure #4<br>Name Sam's Club<br>Address 31720 Gratiot<br>Roseville, MI 48066<br>☐ Fund Raiser | Purpose: OFFICE SUPPLIES<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement<br>Click Here for Memo Itemization Type | 10/7/09 | $ 19.78 |
| Expenditure #5<br>Name STAPLES<br>Address 31900 Gratiot<br>Roseville, MI 48066<br>☐ Fund Raiser | Purpose: INK FOR PRINTER<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement<br>Click Here for Memo Itemization Type | 10/7/09 | $ 40.27 |

Subtotal this page 129.05

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

Enter this total on line 8a 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 136638

2. Committee Name CTE MARK J. MOFFITT

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|---|---|---|---|
| Expenditure #1<br>Name Office Depot<br>Address 19001 Nine Mile Rd.<br>EP, MI 48021<br>☐ Fund Raiser | Purpose: office supplies<br>Click Here for Memo Itemization Type<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 10/9/09 | $ 29.98 |
| Expenditure #2<br>Name ALDI<br>Address 18867 E. 9 Mile<br>EP, MI 48021<br>☐ Fund Raiser | Purpose: refreshments for workers<br>Click Here for Memo Itemization Type<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 10/09/09 | $ 21.35 |
| Expenditure #3<br>Name Office Depot<br>Address 19001 Nine Mile Rd.<br>EP, MI 48021<br>☐ Fund Raiser | Purpose: ink for printer<br>Click Here for Memo Itemization Type<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 10/9/09 | $ 38.15 |
| Expenditure #4<br>Name Kroger<br>Address 31145 Harper<br>SCS, MI 48082<br>☐ Fund Raiser | Purpose: refreshments for workers<br>Click Here for Memo Itemization Type<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 10/9/09 | $ 27.82 |
| Expenditure #5<br>Name Office Depot<br>Address 19001 Nine Mile Rd.<br>EP, MI 48021<br>☐ Fund Raiser | Purpose: ink for printer<br>Click Here for Memo Itemization Type<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 10/9/09 | $ 40.27 |

Subtotal this page 157.57

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

Enter this total on line 8a of Summary Page



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# ITEMIZED EXPENDITURES
# SCHEDULE 1B
# CANDIDATE COMMITTEE

1. Committee I. D. Number 136638

2. Committee Name CTE Marc J Moffitt

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|---|---|---|---|
| Expenditure #1<br>Name Office Depot<br>Address 19001 Nine Mile Rd.<br>EP, MI 48021<br>☐ Fund Raiser | Purpose: office supplies<br>Click Here for Memo Itemization Type<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 10/14/09 | $ 48.74 |
| Expenditure #2<br>Name C&G Newspaper<br>Address 13650 11 Mile Rd.<br>Wrn, MI 48089<br>☐ Fund Raiser | Purpose: color ad in Sentinel<br>Click Here for Memo Itemization Type<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 10/15/09 | $ 800.00 |
| Expenditure #3<br>Name Eastside Petro<br>Address 26220 Harper<br>SCS, MI 48081<br>☐ Fund Raiser | Purpose: gas for sign distribution<br>Click Here for Memo Itemization Type<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 10/16/09 | $ 40.71 |
| Expenditure #4<br>Name Joseph's Party Store<br>Address 29108 Harper<br>SCS, MI 48081<br>☐ Fund Raiser | Purpose: refreshments for workers<br>Click Here for Memo Itemization Type<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 10/17/09 | $ 19.95 |
| Expenditure #5<br>Name Chicken Shack<br>Address 30926 Harper<br>SCS, MI 48082<br>☐ Fund Raiser | Purpose: dinner for workers<br>Click Here for Memo Itemization Type<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement | 10/18/09 | $ 32.33 |

Subtotal this page 941.73

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

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

# ITEMIZED EXPENDITURES
## SCHEDULE 1B
## CANDIDATE COMMITTEE

1. Committee I. D. Number 136638

2. Committee Name CTE MARK J MOFFIT

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Required Information) | 5. Date | 6. Amount |
|---|---|---|---|
| Expenditure #1<br>Name Chicken Shack<br>Address 30926 Harper<br>SCS, MI 48082<br>☐ Fund Raiser | Purpose: dinner for workers<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement<br>Click Here for Memo Itemization Type | 10/18/09 | $ 32.33 |
| Expenditure #2<br>Name<br>Address<br>☐ Fund Raiser | Purpose:<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement<br>Click Here for Memo Itemization Type | | $ |
| Expenditure #3<br>Name<br>Address<br>☐ Fund Raiser | Purpose:<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement<br>Click Here for Memo Itemization Type | | $ |
| Expenditure #4<br>Name<br>Address<br>☐ Fund Raiser | Purpose:<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement<br>Click Here for Memo Itemization Type | | $ |
| Expenditure #5<br>Name<br>Address<br>☐ Fund Raiser | Purpose:<br>☐ Check box if this expenditure is payment of debt or obligation reported on previous statement<br>Click Here for Memo Itemization Type | | $ |

Subtotal this page 32.33

Grand Total of all Schedules 1B (Complete on last page of Schedule) 1260.68

Enter this total on line 8a of Summary Page



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