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: 10-19-09 to 11-23-09

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. [ ] Pre-Election OR 9b. [X] 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 12-09-09

Candidate: Mark J. Moffitt (Type or Print Name) (Signature) Date 12 09 09

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 136638

SUMMARY PAGE
CANDIDATE COMMITTEE

2. Committee Name CTE Mark J. Moffitt

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) $	352.72	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $	352.72	(18.) $ 2022.72
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $	—	(19.) $ —
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $	352.72	(20.) $ 2022.72
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.) $	762.04	
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.) $	762.04	(23.) $ 2022.72
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.) $	409.32
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	352.72
15. SUBTOTAL Add lines 13 and 14	(15.) = $	762.04
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	762.04
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	Ø *

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 10-19-09 Name & Address: Nick Puzzuoli, 26305 Harper, SCS, MI 48081 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	$ 50.00	$ 50.00 Drjdl I f sf gpsNf n p Jf n j{ bijpo
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10-21-09 Name & Address: Thomas Ulrich, 28200 Ursuline, SCS, MI 48081 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	$ 25.00	$ 25.00 Drjdl I f sf gpsNf n p Jf n j{ bijpo
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10-21-09 Name & Address: Charles Raffoul, 22831 Newberry, SCS, MI 48080 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	$ 50.00	$ 50.00 Drjdl I f sf gpsNf n p Jf n j{ bijpo
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10-23-09 Name & Address: Joseph Z. Oram, 4585 Arline Dr., Orchard Lake, MI 48323 5. If over $100.00 cumulative, please provide: Occupation Real Estate Employer self Business Address 29551 Greenfield, Southfield, MI 48076 Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	$ 200.00	$ 200.00 Drjdl I f sf gpsNf n p Jf n j{ bijpo

Page Subtotal 325.00

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

Enter this total on line 3a of Summary Page.

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 10-27-09
Name & Address:
Joe Claycomb
22552 Statler
SCS, MI 48081

$ 25.00 $ 25.00

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Drjdl I f sf gpsNf n p Jf n j{ bujpo

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 11-03-09
Name & Address
Mark Moffitt
21613 Frazho
SCS, MI 48081

$ 2.72 $ 2.72

5. If over $100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Drjdl I f sf gpsNf n p Jf n j{ bujpo

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt _____
Name & Address:

$ _____ $ _____

Drjdl I f sf gpsNf n p Jf n j{ bujpo

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

$ _____ $ _____

5. If over $100.00 cumulative, please provide:

Drjdl I f sf gpsNf n p Jf n j{ bujpo

Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 27.72

Grand Total of All Schedules 1A (Complete on last page of Schedule) 352.72

Enter this total on line 3a of Summary Page.

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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. Moffitt

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Staples Address 31900 Gratiot Roseville, MI 48066 ☐ Fund Raiser	Purpose: INK for PRINTER Drjdl I f sf gpsNf n p Jf n j{ bijpo Uzqf ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10-19-09	$ 40.27
Expenditure #2 Name Office Depot Address 19001 Nine Mile Rd. EP, MI 48021 ☐ Fund Raiser	Purpose: CARD STOCK Drjdl I f sf gpsNf n p Jf n j{ bijpo Uzqf ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10-19-09	$ 42.15
Expenditure #3 Name Office Depot Address 19001 Nine Mile Rd. EP, MI 48021 ☐ Fund Raiser	Purpose: INK for Printer Drjdl I f sf gpsNf n p Jf n j{ bijpo Uzqf ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10-20-09	$ 38.15
Expenditure #4 Name Little Caesar's Address 27317 Harper Ave. SCS, MI 48081 ☐ Fund Raiser	Purpose: pizza for workers Drjdl I f sf gpsNf n p Jf n j{ bijpo Uzqf ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10-21-09	$ 19.08
Expenditure #5 Name ALDI Address 18867 E. 9 mile rd. EP, MI 48021 ☐ Fund Raiser	Purpose: refreshments for workers Drjdl I f sf gpsNf n p Jf n j{ bijpo Uzqf ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10-21-09	$ 19.31

Subtotal this page 158.96

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. Moffitt

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Office Depot Address 19001 Nine Mile Rd. ED, MI 48021 ☐ Fund Raiser	Purpose: Office Supplies ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10-22-09	$ 33.19
Expenditure #2 Name Staples Address 31900 Gratiot Roseville, MI 48066 ☐ Fund Raiser	Purpose: INK for PRINTER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10-22-09	$ 40.27
Expenditure #3 Name Eastside Petro Address 26220 Harper SCS, MI 48081 ☐ Fund Raiser	Purpose: gas for sign distribution ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10-24-09	$ 27.58
Expenditure #4 Name Chicken Shack Address 30926 Harper SCS, MI 48082 ☐ Fund Raiser	Purpose: food for workers ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10-24-09	$ 32.33
Expenditure #5 Name Kroger Address 31145 Harper SCS, MI 48082 ☐ Fund Raiser	Purpose: drinks for workers ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10-24-09	$ 15.32

Subtotal this page 148.69

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
BUREAU OF ELECTIONS

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 Name Office Depot Address 19001 Nine Mile Rd. EP, MI 48021 ☐ Fund Raiser	Purpose: INK for PRINTER Date 10-24-09 Drjdl I f sf gpsNf n p Jf n j{bujpo Uzqf ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10-24-09	$38.15
Expenditure #2 Name Shell Address 28851 Hoover Wrn, MI 48088 ☐ Fund Raiser	Purpose: gas for lit. distribution Date 10-25-09 Drjdl I f sf gpsNf n p Jf n j{bujpo Uzqf ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10-25-09	$20.00
Expenditure #3 Name Staples Address 31900 Gratiot Roseville, MI 48066 ☐ Fund Raiser	Purpose: INK for PRINTER Date 10-25-09 Drjdl I f sf gpsNf n p Jf n j{bujpo Uzqf ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10-25-09	$40.27
Expenditure #4 Name Office Depot Address 19001 Nine Mile Rd. EP, MI 48021 ☐ Fund Raiser	Purpose: CARD STOCK Date 10-25-09 Drjdl I f sf gpsNf n p Jf n j{bujpo Uzqf ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10-25-09	$42.15
Expenditure #5 Name ALDI Address 18867 E. 9 Mile Rd. EP, MI 48021 ☐ Fund Raiser	Purpose: Refreshments for workers Date 10-25-09 Drjdl I f sf gpsNf n p Jf n j{bujpo Uzqf ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10-25-09	$42.57

Subtotal this page 183.14

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 Moffitt

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Little Caesar's Address 27317 Harper SCS, MI 48081 ☐ Fund Raiser	Purpose: Food for workers ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	10-25-09	$42.40
Expenditure #2 Name Office Depot Address 19001 Nine Mile Rd. EP, MI 48021 ☐ Fund Raiser	Purpose: INK for Printer ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	10-26-09	$38.15
Expenditure #3 Name Staples Address 31900 Gratiot Rsvl, MI 48066 ☐ Fund Raiser	Purpose: INK for PRINTER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	10-28-09	$40.27
Expenditure #4 Name Office Depot Address 19001 Nine Mile Rd. EP, MI 48021 ☐ Fund Raiser	Purpose: CARD STOCK ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	10-28-09	$42.15
Expenditure #5 Name Office Depot Address 19001 Nine Mile Rd. EP, MI 48021 ☐ Fund Raiser	Purpose: INK for Printer ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	10-30-09	$38.15

Subtotal this page 201.12

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. Moffitt

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Staples Address 31900 Gratiot Roul, MI 48066 ☐ Fund Raiser	Purpose: Ink for Printer ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	10-31-09	$ 40.27
Expenditure #2 Name Tim Horton's Address 23835 Harper SCS, MI 48080 ☐ Fund Raiser	Purpose: Coffee & donuts for workers ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	11-03-09	$ 29.86
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	Date	$
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	Date	$
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	Date	$

Subtotal this page 70.13

Grand Total of all Schedules 1B (Complete on last page of Schedule) 762.04

Enter this total on line 8a of Summary Page

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