MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
JAN 31 AM 11:43
COUNTY CLERK
MICHIGAN

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: 1 (Mo) 1 (Day) 04 (Year) to 12 (Mo) 31 (Day) 04 (Year)

1. Committee I.D. Number 137316

2. Committee Name
The Committee to elect Tadd Siglow

4. Candidate Last Name: Siglow First Name: Tadd M.I.: D

4a. Office Sought Including District # or Community Served (If applicable)
Romeo Village President

4b. County of Residence
MAComb

5. Committee's Mailing Address
4499 New Castle
Romeo, MI 48065
Area Code and Phone 586-752-6455

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
Chris Zanke
1615 W. Big Beaver Ste A-2
Troy, MI 48084
Area Code & Phone (248) 614-0134

7. Treasurer's Business Address
Same as personal
Area Code and Phone ( )

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
Chris Zanke
1615 W Big Beaver Ste A-2
Troy, MI 48084
Area Code and Phone (248) 614-0134

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
Month Day Year

9c. ☒ Annual Statement (2004 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
Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. 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: Chris Zanke (Type or Print Name) Chris Zanke (Signature) Date 1 (Mo) 30 (Day) 2005 (Year)

Candidate: TADD SIGLOW (Type or Print Name) Tadd Siglow (Signature) Date 01 (Mo) 31 (Day) 05 (Year)

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number 137316
2. Committee Name The Committee to elect Todd Sislow

SUMMARY PAGE
CANDIDATE COMMITTEE

		Column I This Period	Column II Cumulative this election cycle
RECEIPTS			
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) $	0	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $	0	(18.) $ 2,600 -
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $	0	(19.) $
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $	0	(20.) $
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	0	(21.) $
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $	0	(22.) $
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) $	1,153.86	
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.) $	1,153.86	(23.) $ 2,600 -
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.) $	1,153.86
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	0
15. SUBTOTAL Add lines 13 and 14	(15.) = $	1,153.86
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	1,153.86
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	0

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the $1,000.00 Reporting Waiver threshold.
All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.

CFR Rev 8/2002-sum

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 137316
2. Committee Name The Committee to elect todd Siglow

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 from committees 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 ____ Name: Address: 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		
3. Contribution #2 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		
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		
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		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	0	

Enter this total on line 3a of Summary Page

Page ____ of ____ Authority granted under P.A. 388 of 1976 CFR 3/2002-c-1a

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1
CANDIDATE COMMITTEE

1. Committee I.D. Number 137316

2. Committee Name The Committee to Elect Todd Sislow

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name: Address:	Date of Receipt _____ ☐ Fund Raiser	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	
Receipt #2 Name: Address:	Date of Receipt _____ ☐ Fund Raiser	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	
Receipt #3 Name: Address:	Date of Receipt _____ ☐ Fund Raiser	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	
Receipt #4 Name: Address:	Date of Receipt _____ ☐ Fund Raiser	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	
Receipt #5 Name: Address:	Date of Receipt _____ ☐ Fund Raiser	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	
Receipt #6 Name: Address:	Date of Receipt _____ ☐ Fund Raiser	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	
Receipt #7 Name: Address:	Date of Receipt _____ ☐ Fund Raiser	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	
		Page Subtotal	
		Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)	0

Enter this total on line 4 of Summary Page

Page _____ of _____ Authority granted under P.A. 388 of 1976 CFR 3/2002-1A1

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I. D. Number 137316
2. Committee Name The Committee to elect Todd Sislow

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: If over $100.00 cumulative, please provide: Occupation: Employer: Business 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:		
Contribution # 2 PAC Receipt? ☐ Yes Name Address: If over $100.00 cumulative, please provide: Occupation: Employer: Business 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:		
Contribution #3 PAC Receipt? ☐ Yes Name Address: If over $100.00 cumulative, please provide: Occupation: Employer: Business 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:		

Page Subtotal
Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

0

Enter this total on line 8 of Summary Page

Page ____ of ____

Authority granted under P.A. 388 of 1976 CFR Rev 3/2002-1-IK

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137316
2. Committee Name The Committee to Elect Todd Sislow

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name Edwards Pio Glow Address ☐ Fund Raiser	Purpose: Signs Expenditure Code SA ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	3/1/04	508,61
Expenditure #2 Name Jennifer Chapman Address ☐ Fund Raiser	Purpose: Office Supplies Expenditure Code OE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	3/1/04	71,67
Expenditure #3 Name Romeo Observer Address ☐ Fund Raiser	Purpose: Advertising Expenditure Code PA ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	3/1/04	288,64
Expenditure #4 Name Chris Zanke Address 1615 W. Big Beaver A-2 Troy, MI 48084 ☐ Fund Raiser	Purpose: Accounting Expenditure Code IC ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	4/6/04	261.85
Expenditure #5 Name Republic BANK Address ☐ Fund Raiser	Purpose: Bank Charges Expenditure Code BK ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	3/3/04	23.09

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule) 1,153,86

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

Page _____ of _____ Authority granted under P.A. 388 of 1976

CFR Rev 3/2002-1b