MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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MACOMB COUNTY CLERK
MACOMB, 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: 10 18 04 (Mo Day Year) to 11 22 04 (Mo Day Year)

1. Committee I.D. Number: 137330

2. Committee Name: C.T.E Nicola Hawatmeh

4. Candidate Last Name: Hawatmeh First Name: Nicola M.I.: I

4a. Office Sought Including District # or Community Served (If applicable): County Commissioner #5

4b. County of Residence:

5. Committee's Mailing Address: 32047 Vegas 586-871-6522 Warren, MI 48093

Area Code and Phone: 586-871-6522

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: Nicola Hawatmeh

Area Code & Phone: (586) 871-6522

7. Treasurer's Business Address: SAME AS ABOVE

Area Code and Phone: ( )

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper): Nicola Hawatmeh

Area Code and Phone: (586) 871-6522

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: 11 2 04 (Month Day Year)

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: _____ (Month Day Year)

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: Nicola Hawatmeh (Type or Print Name) Nicola Hawatmeh (Signature) Date: 1 3 05 (Mo Day Year)

Candidate: Nicola Hawatmeh (Type or Print Name) Nicola Hawatmeh (Signature) Date: 1 3 05 (Mo Day Year)

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 137330
2. Committee Name C.T.E Nicola Hawatmeh

SUMMARY PAGE
CANDIDATE COMMITTEE

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) $	$3350.00	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $	3350.00	(18.) $ 3350.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $	—	(19.) $
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $	3350.00	(20.) $ 18,429.45
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	—	(21.) $ $200.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $	—	(22.) $ 0
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) $	4979.58	
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.) $	4979.58	(23.) $ 18,303.02
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.) $ 0
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.) $	1755.60
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	3350.00
15. SUBTOTAL Add lines 13 and 14	(15.) = $	5105.60
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	4979.58
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	126.02

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137330
2. Committee Name C.T.E Nicola Hawatmeh

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 10/29/04 Name: Jim Carabelli Address: 54077 Mount Dr Shelby Twp, MI 48316 5. If over $100.00 cumulative, please provide: Occupation Trustee Employer Shelby Township Business Address 62700 Van Dyke, Shelby Twp, MI 48316 Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$250.00	$350.00
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/29/04 Name: Paul Viar Address: 53134 Alyssa ct Shelby Twp, MI 48315 5. If over $100.00 cumulative, please provide: Occupation Treasurer Employer Shelby Township Business Address 62700 Van Dyke Shelby Twp, MI 48316 Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$250.00	$250.00
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/29/04 Name: Terri Land Address: 7955 Byron Station CT SW, Byron Center, MI 49315 5. If over $100.00 cumulative, please provide: Occupation Secretary of State Employer Michigan Business Address MI Department of State, Lansing, MI 48918 Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$400.00	$600.00
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/29/04 Name: Dan Hibma Address: 7955 Byron Station CT SW Byron Center, MI 49315 5. If over $100.00 cumulative, please provide: Occupation Owner-Self Employer Land Company Business Address 7955 Byron Station CT, Byron Center, MI 49315 Type of Contribution: ☑ Direct ☐ Loan from a person ☐ Fund Raiser	$400.00	$500.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	$1300.00	

Enter this total on line 3 of Summary Page.

MICHIGAN DEPARTMENT OF STATE
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137330
2. Committee Name C.T.E Nicola Hawatmeh

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 Manhattan Mailers Address 51132 Milano Macomb, MI 48042 ☐ Fund Raiser	Purpose: Mailing ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/25/04	1637.52
Expenditure #2 Name Triangle Printing Address 30520 Gratiot Roseville, MI 48066 ☐ Fund Raiser	Purpose: Flyers ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/25/04	700.00
Expenditure #3 Name Triangle Printing Address 30520 Gratiot Roseville, MI 48066 ☐ Fund Raiser	Purpose: Flyers ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/26/04	347.40
Expenditure #4 Name Triangle Printing Address 30520 Gratiot Roseville, MI 48066 ☐ Fund Raiser	Purpose: Flyers ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/29/04	1669.50
Expenditure #5 Name ProTech Graphics Address 30486 Gratiot Roseville, MI 48066 ☐ Fund Raiser	Purpose: T-Shirts ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/29/04	197.16

Subtotal this page 4551.58
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
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137330
2. Committee Name C.T.E Nicola Hawatmeh

3. Name and address of person or vendor to whom paid Continued	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name Helen Ratalsky Address 2279 Norma Dr Warren, MI 48093 ☐ Fund Raiser	Purpose: Campaign Work ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/1/04	$110.00
Expenditure #2 Name Triangle Printing Address 30520 Gratiot Roseville, MI 48066 ☐ Fund Raiser	Purpose: Flyers ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/1/04	318.00
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page 418.00
Grand Total of all Schedules 1B (Complete on last page of Schedule) 4979.58
Enter this total on line 8a of Summary Page