MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
05 NOV 17 AM 11:21
CARMELLA SABAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, 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: 8/23/05 (Mo Day Year) to 10/23/05 (Mo Day Year)

1. Committee I.D. Number 137637

2. Committee Name
Committee to elect Mark Paparelli for City Council

4. Candidate Last Name: Paparelli First Name: Mark M.I.: T

4a. Office Sought Including District # or Community Served (If applicable)
City Council for New Baltimore

4b. County of Residence Macomb

5. Committee's Mailing Address
37192 Brett Dr.
New Baltimore MI. 48047
Area Code and Phone 586-725-4977
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
Mark Paparelli
37192 Brett Dr.
New Baltimore MI. 48047
Area Code & Phone (586) 725-4977

7. Treasurer's Business Address
37192 Brett Dr.
New Baltimore MI. 48047
Code and Phone 586 725-4977

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
Cynthia Paparelli
37192 Brett Dr.
New Baltimore MI. 48047
Area Code and Phone (586) 725-4977

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 08 2005
Month Day Year

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
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 MARK PAPARELLI (Type or Print Name) Signature [signature] Date 10/28/05 (Mo Day Year)

Candidate MARK PAPARELLI (Type or Print Name) Signature [signature] Date 10/28/05 (Mo Day Year)

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 137637
2. Committee Name committee to elect mike Paparelli for city council

SUMMARY PAGE
CANDIDATE COMMITTEE

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) $	603.44	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $	603.44	(18.) $ 603.44
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $		(19.) $
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $	603.44	(20.) $
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	899.90	(21.) $ 2542.44
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $		(22.) $
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) $	200.00	
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.) $	200.00	(23.) $
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.) $ 603.44
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) $	1,892.44	
b. Owed to the Committee (Schedule 1E)	(12b.) $		

Added totals from each line item on Schedule 1E. Subtracting Itemized expenditures

BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $	1192.54
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	603.44
15. SUBTOTAL Add lines 13 and 14	(15.) = $	1,795.98
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	200.00
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	1595.98

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137637
2. Committee Name Committee to elect Mack Patterson for City Council

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 10/9/05 Name: Carol Clendening Address: 35325 John St. Wayne MI. 48184 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
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/10/05 Name: Nancy Rivard Address: N82W28425 Vista Dr. Hartland WI. 53029 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	10.00	10.00
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/11/05 Name: Nancy Zakalowski Address: 2295 S. State St. Ann Arbor MI. 48104 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
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/9/05 Name: Karen Schimeck Address: 445 Front St. Boyne City MI. 49712 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
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	110.00	

Enter this total on line 3a of Summary Page

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

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137637
2. Committee Name Committee to elect Mark Paparelli for City Council

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 10/11/05 Name: Suzanne Tanis Address: 3051 W. Fruit Port Rd. Fruit Port MI. 49415 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
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/11/05 Name: Richard Raichle Address: 7201 Millrock Ave Shelby Twnshp. MI. 48317 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
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/4/05 Name: Robert Shinske Address: 22825 Nona Dearborn MI. 48124 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	3.44	3.44
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/10/05 Name: Mary Socia Address: 50721 Holt St. New Baltimore MI. 48047 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
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	103.44	

Enter this total on line 3a of Summary Page

Authority granted under P.A. 388 of 1976

CFR 3/2002-c-1a

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137637
2. Committee Name Committee to elect Mark Patterson for City Council

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 10/9/05 Name: Ralf White Address: 37300 Beatt Dr. New Baltimore MI. 48047 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
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/8/05 Name: Gail Mills Address: 22435 Corteville St. St. Clair Shores MI. 48081-1367 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
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/7/05 Name: Ruth Fox Address: 327 Heritage Way Algonac MI. 48001 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	100.00	100.00
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/10/05 Name: Castner Badynee Address: Cambridge MA. 02238 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	15.00	15.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	190.00	

Enter this total on line 3a of Summary Page

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

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137637

2. Committee Name Committee to Elect Mark Jaremski for City Council

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 10/15/05 Name: Karen Badynee - Kwolek Address: 1430 Lee Woodridge Walled Lake MI. 48390 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
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/13/05 Name: Tina Campbell Address: 14733 E. 13 Mile Rd. Warren MI. 48088 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	20.00	20.00
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/11/05 Name: Dorothy Badnek Address: 3328 Heritage Parkway Dearborn MI. 48124-3170 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
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/13/05 Name: David Lucyk Address: 26848 Mingo Dr. Perrysburg, OH. 43551 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
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	95.00	

Enter this total on line 3a of Summary Page

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

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137637
2. Committee Name Committee to elect Mack Peterson for City Council

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 10/21/05 Name: Brett Weiler Address: 37225 Beech Dr. New Baltimore MI 48047 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
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	25.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	603.44	

Enter this total on line 3a of Summary Page

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

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 137637
2. Committee Name Committee to elect Mark Papparelli for City Council

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 Mark Papparelli Address 37192 Grant Dr. New Baltimore MI. ☐ Fund Raiser	Purpose: Repayment of Loan ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/20/05	200.00
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
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	200.00
		Grand Total of all Schedules 1B (Complete on last page of Schedule)	200.00

Enter this total on line 8a of Summary Page

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