



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

2008

2008 AUG 18 PM 1:45

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3. This Statement covers From: 01/01/08 to 07/20/08	
4. Candidate Last Name Shaughnessy	First Name Cathy M.I. C.
4a. Office Sought Including District # or Community Served (If applicable) West Bloomfield Township Clerk	
4b. County of Residence Oakland	
6. Treasurer's Name & Residential Address Sheri Stav 6850 Torybrook Circle West Bloomfield, MI 48323	
Area Code & Phone (248) 681-8730	
8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) N/A	
Area Code and Phone	

1. Committee I.D. Number C-93483
2. Committee Name Committee to Elect Cathy Shaughnessy
5. Committee's Mailing Address 6850 Torybrook Circle West Bloomfield, MI 48323
Area Code and Phone (248) 681-8730
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.
7. Treasurer's Business Address 6850 Torybrook Circle West Bloomfield, MI 48323
Area Code and Phone (248) 681-8730

9. TYPE OF STATEMENT	
9a. <input checked="" type="checkbox"/> Pre-Election	OR 9b. <input type="checkbox"/> Post-Election
Pre-Election or Post-Election Statement relates to:	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Convention	<input type="checkbox"/> School
<input type="checkbox"/> Special	<input type="checkbox"/> Caucus
Date of Election, Convention or Caucus 08/05/08	
9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year)	
9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)	
9e. <input type="checkbox"/> 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 Sheri Stav Type or Print Name	Signature Date 8/15/08
Candidate Cathy Shaughnessy Type or Print Name	Signature Date 8/15/08



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number C-93483

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Cathy Shaughnessy

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>26,563.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$26,563.00</u>	(18.) \$ <u>\$26,563.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$26,563.00</u>	(20.) \$ <u>\$26,563.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$0.00</u>	(21.) \$ <u>\$0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$23,419.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$23,419.00</u>	(23.) \$ <u>\$23,419.00</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$11,910.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>\$0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$20.08</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$26,563.00</u>	
	(15.) = \$	<u>\$26,583.08</u>	
15. SUBTOTAL Add lines 13 and 14			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$23,419.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$3,164.05</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-93483
2. Committee Name Committee to Elect Cathy Shaughnessy

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/02/08</u>	
Name & Address: <u>Jan & Rick Hyman 5316 Linton St. West Bloomfield, MI 48322</u>		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/21/08</u>	
Name & Address: <u>Art & Helene Indianer 6923 Lakemont Cr. West Bloomfield 48323</u>		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/02/08</u>	
Name & Address: <u>Howard & Shelly Jacobs 5256 Mirror lake Rd. West Bloomfield, MI 48323</u>		\$ <u>25</u>	\$ <u>25</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/02/08</u>	
Name & Address: <u>Lisa Kaplan 6823 Post Oak Rd. West Bloomfield, MI 48322</u>		\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Social Worker</u> Employer <u>CARE</u> Business Address <u>31900 Utica Rd. Fraser, MI 48026</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$275.00

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 C-93483

2. Committee Name Committee to Elect Cathy Shaughnessy

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/08</u> Name & Address: Fred & Jackie Klugman 3355 Timbercrest West Bloomfield, MI 48324		\$ <u>100</u>	\$ <u>00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/08</u> Name & Address: Dr. Bernie & Linda Kole 6689 Torybrook West Bloomfield, MI 48323		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/08</u> Name & Address: Thomas Law 6766 Glenway West Bloomfield, MI 48322		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/02/08</u> Name & Address: Sharon Law 6766 Glenway West Bloomfield, MI 48322		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$400.00**

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number C-93483
2. Committee Name Committee to Elect Cathy Shaughnessy

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 <u>all</u> contributions regardless of amount.				6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>04/07/08</u>		
Name & Address: David Newman 3186 Long Lake Rd. West Bloomfield, MI 48323				\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Dentist</u> Employer <u>Self-employed</u> Business Address <u>3733 S. Telegraph Rd. Dearborn, MI 48124</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>04/07/08</u>		
Name & Address: R. H. Weichman 5840 Willow West Bloomfield, MI 48324				\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>04/07/08</u>		
Name & Address: Dr. Ronald Michaelson 4819 Mirror Lake Dr. W. Bloomfield, MI 48323				\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	<u>04/10/08</u>		
Name & Address: Howard Sherline 3890 Pine Harbor West Bloomfield, MI 48323				\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser				Click Here for Memo Itemization	

Page Subtotal **\$450.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-93483
2. Committee Name Committee to Elect Cathy Shaughnessy

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/25/08</u> Name & Address: Debra Shanker 5575 Linton West Bloomfield Mi 48322		\$ <u>25</u>	\$ <u>25</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/25/08</u> Name & Address: Anita Pastor 7117 Pebblebrook Rd. West Bloomfield MI 48322		\$ <u>50</u>	\$ <u>50</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/25/08</u> Name & Address: Nancy Shaughnessy 6735 Alden Dr. West Bloomfield, MI 48324		\$ <u>100</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/10/08</u> Name & Address: Mike Quinn 5622 Hillcrest West Bloomfield, MI 48322		\$ <u>20</u>	\$ <u>20</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$195.00**

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



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-93483
2. Committee Name Committee to Elect Cathy Shaughnessy

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/30/08</u> Name & Address: Greg Robertson 6815 Brockhurst West Bloomfield, MI 48322		\$ <u>20</u>	\$ <u>20</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/16/08</u> Name & Address: Christopher Semma 5183 Shenandoah Ct. West Bloomfield, MI 48323		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>06/17/08</u> Name & Address: Chaldean Chamber PAC 30095 Northwestern Hwy. #102 Farmington Hills, MI 48334		\$ <u>300</u>	\$ <u>300</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/14/08</u> Name & Address: Isam Yaldo 5656 Paulos Ln. West Bloomfield, MI 48322		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$520.00**

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

Enter this total on
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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-93483
2. Committee Name Committee to Elect Cathy Shaughnessy

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/14/08</u> Name & Address: <u>Vivian Yaldo 5656 Paulos Ln. West Bloomfield, MI 48322</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/16/08</u> Name & Address: <u>Karen Weschler 4705 Wendrick West Bloomfield, MI 48323</u>		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Housewife</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/17/08</u> Name & Address: <u>Cathy Shaughnessy 5079 W. Pod Cr. West Bloomfield, MI 48323</u>		\$ <u>2200</u>	\$ <u>2200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Candidate</u> Employer <u>Not employed</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/11/08</u> Name & Address: <u>Cathy Shaughnessy 5079 W. Pod Cr. West Bloomfield, MI 48323</u>		\$ <u>4710</u>	\$ <u>6910</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Candidate</u> Employer <u>not employed</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$7,210.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-93483
2. Committee Name Committee To Elect Cathy Shaughnessy

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/15/08</u>	
Name & Address: <u>John O'Leary 5447 Tequesta West Bloomfield, MI 48323</u>		\$ <u>25</u>	\$ <u>75</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/01/06</u>	
Name & Address: <u>Nancy Shaughnessy 6735 Aldsen West Bloomfield, MI 48324</u>		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/04/05</u>	
Name & Address: <u>Eileen Caya 20924 Mary Taylor, MI 48180</u>		\$ <u>40</u>	\$ <u>40</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/19/08</u>	
Name & Address: <u>Lisa Kaplan 6823 Post Oak West Bloomfield, MI 48322</u>		\$ <u>275</u>	\$ <u>425</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Social Worker</u> Employer <u>CARE</u> Business Address <u>31900 Utica Rd. Fraser, MI 48026</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$440.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-93483
2. Committee Name Committee To Elect Cathy Shaughnessy

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/17/08</u> Name & Address: <u>Cathy Shaughnessy 5079 West Pond Cr West Bloomfield MI 48323</u>		\$ <u>800</u>	\$ <u>7710</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Candidate</u> Employer <u>not employed</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/26/08</u> Name & Address: <u>Cathy Shaughnessy 5079 West Pond Cr West Bloomfield MI 48323</u>		\$ <u>200</u>	\$ <u>7910</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Candidate</u> Employer <u>not employed</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/01/08</u> Name & Address: <u>Cathy Shaughnessy 5079 West Pond Cr West Bloomfield MI 48323</u>		\$ <u>5000</u>	\$ <u>12910</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Candidate</u> Employer <u>not employed</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/11/08</u> Name & Address: <u>Cathy Shaughnessy 5079 West Pond Cr West Bloomfield MI 48323</u>		\$ <u>1300</u>	\$ <u>14210</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Candidate</u> Employer <u>not employed</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$7,300.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-93483
2. Committee Name Committee To Elect Cathy Shaughnessy

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 <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/10/08</u> Name & Address: Barry Kaufman 7220 Muerdale West Bloomfield, MI 48322		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/19/08</u> Name & Address: Cathy Shaughnessy 5079 W Pond Cr West Bloomfield, MI 48323		\$ <u>1500</u>	\$ <u>15710</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>candidate</u> Employer <u>not employed</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/14/08</u> Name & Address: Alon Kaufman 5424 Avalon Cr. West Bloomfield, MI 48323		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Homedics</u> Business Address <u>3000 Pontiac Trail Commerce Twp. MI 48390</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/18/08</u> Name & Address: Shari Kaufman 5424 Avalon Ct. West Bloomfield, MI 48323		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>housewife</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$2,600.00**

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

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **C-93483**
2. Committee Name **Committee to Elect Cathy Shaughnessy**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Colleen Shaughnessy</u> Address <u>5079 W. Pond Ct.</u> <u>W. Bloomfield, MI 48323</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/17/08</u> Date	\$ <u>80.00</u>
Expenditure #2 Name <u>Mimi Curtis</u> Address <u>4750 Orchard Lake Rd.</u> <u>West Bloomfield, MI 48322</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>F-shirts</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/13/08</u> Date	\$ <u>210.00</u>
Expenditure #3 Name <u>Charter Twp of West Bloomfield</u> Address <u>4550 Walnut Lake Rd.</u> <u>W. Bloomfield, MI 48323</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>precinct maps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/12/08</u> Date	\$ <u>20.00</u>
Expenditure #4 Name <u>Staples</u> Address <u>335 Haggerty Rd.</u> <u>Walled Lake, MI 48390</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>printer ink</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/15/08</u> Date	\$ <u>39.06</u>
Expenditure #5 Name <u>U. S. Post Office</u> Address <u>West Bloomfield, MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/19/08</u> Date	\$ <u>405.00</u>

Subtotal this page 804.06

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

C-93483

2. Committee Name

Committee to Elect Cathy Shaughnessy

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Mike Denison</u> Address <u>739 Foxholes Dr.</u> <u>Walled Lake, MI 48390</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Canvasser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/23/08</u> Date	\$ <u>30.00</u>
Expenditure #2 Name <u>Observer's Eventing Newspapers</u> Address <u>36251 Schoolcraft</u> <u>Livonia, MI 48150</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>advertising</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/24/08</u> Date	\$ <u>500.00</u>
Expenditure #3 Name <u>Data River Marketing</u> Address <u>48155 West Rd. Ste 6</u> <u>Wilson, MI 48393</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/25/08</u> Date	\$ <u>240.00</u>
Expenditure #4 Name <u>Huntington Bank 6705 Orchard Lake Rd.</u> Address <u>West Bloomfield, MI 48302</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>checks</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/25/08</u> Date	\$ <u>22.75</u>
Expenditure #5 Name <u>Election Xpress</u> Address <u>14400 Woodrow Wilson</u> <u>Detroit, MI 48238</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/24/08</u> Date	\$ <u>1306.10</u>

Subtotal this page

2099.05

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

C-93483

2. Committee Name

Committee to Elect Cathy Shaughnessy

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>U. S. Post office</u> Address <u>West Bloomfield, MI 48322</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/14/08</u> Date	\$ <u>84.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Advantage Marketing Solutions</u> Address <u>38777 6 Mile Rd. Ste 110</u> <u>Livonia, MI 48152</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/17/08</u> Date	\$ <u>83.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>Kreger</u> Address <u>4805 Haggerty Rd.</u> <u>W. Bloomfield, MI</u> <u>48323</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>flowers - thank you</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/18/08</u> Date	\$ <u>69.78</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>Data Drive Marketing</u> Address <u>48155 West Rd. Ste 6</u> <u>Westland, MI 48393</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/18/08</u> Date	\$ <u>252.60</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>Huntington Bank 6705 Oxford</u> Address <u>West Bloomfield, MI</u> <u>48322</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>bank fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/15/07</u> Date	\$ <u>35.00</u> Click Here for Memo Itemization Type

Subtotal this page

528.38

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

23,419.03

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number C-93483
2. Committee Name Committee to Elect Cathy Shaughnessy

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Cathy Shaughnessy 5079 West Pond Circle West Bloomfield, MI 48323	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06/26/08</u> 6. <u>Original Amount of Debt:</u> <u>\$ 200.00</u>	\$ \$ \$ \$ \$	\$ 0	\$ 200.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$200.00**
Grand Total of all Schedules 1E **\$11,910.00**
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Committee to Elect Steve Kaplan Trustee
6823 Post Oak Drive
West Bloomfield, MI 48322

August 15, 2008

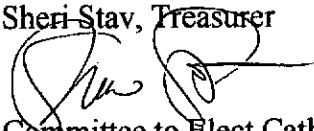
Dear Mr. Kaplan,

It has come to my attention that we can not accept your contribution to this campaign in the amount of \$225.00. The limit for which a committee may receive a contribution from another committee is \$100.00.

Therefore, I am returning to you a check in the amount of \$125.00 along with this letter.

Thank you for your support of Cathy's campaign.

Sheri Stav, Treasurer

A handwritten signature in dark ink, appearing to read 'Sheri Stav', written over the printed name.

Committee to Elect Cathy Shaughnessy
6850 Torybrook Cr.
West Bloomfield, MI 48323

COMMITTEE TO ELECT CATHY SHAUGHNESS

6856 TONYBROOKE CIR.
W BLOOMFIELD, MI 48323-2165

74-347/724
01381707179

1038

PAY TO THE
ORDER OF

Committee to Elect Cathy Shaughness \$ *125.00*

One hundred twenty five and 00/100

DOLLARS ☐ CENTS

 **Huntington**

huntington.com

MEMO

Cathy Shaughness