

CANDIDATE COMMITTEE **COVER PAGE**

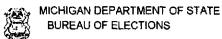
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	JECEINED EUD EITHIG
CANDIDATE COMMITTEE	FOR OFFICIAL USE ONLY
COVER PAGE	2000 AV6 18 PH 1: 45
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: 01/01/08 07/20/08
1. Committee I.D. Number	4. Candidate Last Name DEPUTY COURTY CLEAR
C-93483	Snaughnessy Calify C.
2. Committee Name	4a. Office Sought Including District # or Community Served (If applicable)
Committee to Elect Cathy Shoughnessy	West Bloomfield Township Clerk
Committee to Elect Cathy Shaughnessy	4b. County of Residence Oakland
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address
6850 Torybrook Circle	Sheri Stav
West Bloomfield, MI 48323	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.	Area Code & Phone (248) 681-8730
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
16850 Torybrook Circle	N/A
West Bloomfield, MI 48323	
Area Code and Phone (248) 681-8730	Area Code and Phone
9. TYPE OF STATEMENT	Alea Cute and Fitnie
	Common Years
9a. ✓ Pre-Election OR 9b. Posi	t-Election 9c. Annual Statement (Coverage Year)
	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c
Pre-Election or Post-Election Statement relates to:	or 9e to indicate which Statement is being amended)
✓ Primary Ger	9e. Dissolution of Candidate Committee
	Effective Date of Dissolution
Convention	nool
Special Cau	icus
	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
Date of Election, Convention or Caucus	the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.
08/05/08	Note: The disposition of residual funds must be reported on Schedule
A committee that does not have a Reporting Waiver must file all re	and the Summary Page. Equired Campaign Statements. The Campaign Statements must include all applicable and outstanding debts count against the \$1,000 Reporting Waiver threshold.
Schedules. Direct contributions, in-kind contributions, loans, expetif any of the information listed in items 2, 4, 5, 6, 7, or 8 has change	inditures, and oŭtstanding debts count against the \$1,000 Reporting Waiver threshold. Bed since the information was shown on the committee's Statement of Organization, an
	ged since the information was shown on the committee's Statement of Organization, an this Campaign Statement. If a request for a Reporting Waiver is not received on or that campaign statement cannot be waived.
10. Verification: I/We certify that all reasonable diligence was used my/our knowledge and belief the contents are true, accurate and c	in the preparation of this statement and attached schedules (if any) and to the best of omplete.
	\mathcal{L}
Current Treasurer or Sheri Stav	1 / Date 8/15/08
Type or Print Name	Signature
Candidate Cathy Shaughnessy	, County-Shaughnessy pate 8/15/08
Type or Print Name	Signature

1. Committee i.D. Number C-93483

SUMMARY PAGE

2. Committee Name Committee to Elect Cathy Shaughnessy

CANDIDATE COMMITTEE	2. Committee Name	
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 26,563.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ \$26,563.00	(18.) \$ \$26,563.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ \$0.00	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$26,563.00	(20.) \$ \$26,563.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ \$0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$23,419.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ \$0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ \$0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$23,419.00	(23.) \$ \$23,419.00
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$ \$ 0.00	-
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$ \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	(24.) \$ \$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ \$11,910.00	_
b. Owed to the Committee (Schedule 1E)	(12b.)\$ \$0.00	
	BALANCE STATEMENT	-
13. Ending Balance of last report filed	(13.) \$ \$20.08	
(Enter zero if no previous reports have been filed.) 14. Amount received during reporting period	(14.) + \$ \$26,563.00	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ <u>\$26,583.08</u>	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.) - \$ \$23,419.00	
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$3,164.05	·*



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

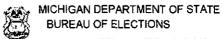
1. Committee I.D. Number

C-93483

CANDIDATE COMMITTEE

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 all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 PAC Receipt? YES 4. Date of Receipt 05/02/08 Name & Address:		
Jan & Rick Hyman 5316 Linton St. West Bloomfield, MI 48322	_{\$} 50	_{\$} 50
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Employer	OHORTIGE	TO MENO REMIZERON
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/21/08 Name & Address		
Art & Helene Indianer 6923 Lakemont Cr. West Bloomfield 48323	_{\$} _50	<u>\$ 50</u>
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 05/02/08 Name & Address:		,
Howard & Shelly Jacobs 5256 Mirror lake Rd. West Bloomfield, MI 48323	_{\$} 25	_ _{\$} 25
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: 🗸 Direct Loan from a person Fund Raiser	,	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 05/02/08 Name & Address		
Lisa Kaplan 6823 Post Oak Rd. West Bloomfield, MI 48322`	_{\$} 150	_{\$} 150
5. If over \$100.00 cumulative, please provide:	Cliak Hass	for Momo Itomization
Occupation Social Worker Employer CARE	Click nere	for Memo Itemization
Business Address 31900 Utica Rd. Fraser, MI 48026		
Type of Contribution: Direct Loan from a person Fund Raiser	·· <u>-</u>	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$275.00 Enter this total or line 3a of Summa Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

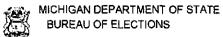
CANDIDATE COMMITTEE

1. Committee I.D. Number C-93483

Enter contributor's na middle initial. Check Committee (PAC) Re	box to indicate if con-	tribution is from	a Political Co		ter last name, first name, ee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 Name & Address:	PAC Receipt?	YES	4. Date of R	eceipt	05/02/08		
	Klugman 3355	Timbercre	est West	Bloc	omfield, MI 48324		
	J					_{\$} 100	_{\$} 00
5. If over \$100.00 cu	mulative, please pro	ovide:				Click Here	for Memo Itemization
Occupation	<u> </u>	_ Employer_	<u></u> .			Onor Tronc	, to mono nomedia.
Business Address							
Type of Contribution:	✓ Direct	Loan from	a person	V	Fund Raiser		
Contribution #2 Name & Address	PAC Receipt?	YES	4. Date of Re	eceipt	05/02/08		
Dr. Bernie & Li	nda Kole 6689	9 Torybroo	k West B	loon	nfield, MI 48323	_{\$} _100	s 100
5. If over \$100,00 cu						Click Here	for Memo Itemization
Occupation		_ Employer					
Business Address		<u> </u>	· · · · · · · · · · · · · · · · · · ·				
Type of Contribution:	✓ Direct	Loan from	a person	V	Fund Raiser	<u> </u>	
Contribution # 3 Name & Address:	PAC Receipt?	YES	4. Date of R	Receipt	05/02/08		
Thomas Law 6	766 Glenway	West Bloo	mfield, M	1 48	322	<u>\$ 100</u>	_ <u>\$ 100</u>
5. If over \$100.00 cu	mulative, please pro	ovide:				Click Here	for Memo Itemization
Occupation		_ Employer_		_			
Business Address				17			
Type of Contribution: 3. Contribution # 4	✓ Direct PAC Receipt?	Loan from		V	Fund Raiser		
Name & Address	PAC Receipt?	YES	4. Date of h	Keceip	ot <u>05/02/08</u>		
Sharon Law 6	766 Glenway '	West Bloom	mfield, Mi	483	322	_s 100	, 100
5. If over \$100.00 cu	mulative, please pre	ovide:				Click Here	for Memo Itemization
Occupation		Employe	f			CHOICE FOR	TO THE PROPERTY OF THE PROPERT
Business Address							
Type of Contribution	Direct	Loan from	a person	7	Fund Raiser		
			<u></u>		Page Subtotal	\$400.00	
			(C	-	nd Total of All Schedules 1A te on last page of Schedule)	Enter this total or	n .

Page 10 of 31

Enter this total on line 3a of Summary Page.



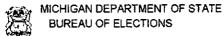
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number C-93483

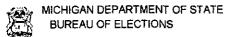
. Committee Name	Committee to Elect Cathy Shaughness
. Committee Hame	

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.	e, 6. Amount	7. Cumulative for Election Cygle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 04/07/08 Name & Address:		
David Newman 3186 Long Lake Rd. West Bloomfield, MI 48323		
	_s 200	_s 200
5. If over \$100.00 cumulative, please provide:		
Occupation Dentist Employer Self-employed	Click Here fo —	or Memo Itemization
Business Address 3733 S. Telegraph Rd. Dearborn, MI 48124		:
Type of Contribution: V Direct Loan from a person V Fund Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt 04/07/08 Name & Address		
R. H. Weichman 5840 Willow West Bloomfield, MI 48324	_{\$} 50	ş 50
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
OccupationEmployer		
Business Address		
Type of Contribution: ✓ Direct Loan from a person ✓ Fund Raiser		<u></u>
Contribution # 3 PAC Receipt? YES 4. Date of Receipt 04/07/08 Name & Address:	 ,	
Dr. Ronald Michaelson 4819 Mirror Lake Dr. W. Bloomfield, MI 4832	²³ _s 100	_s 100
5. If over \$100.00 cumulative, please provide:	Click Here for	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Oirect Loan from a person Fund Raiser	·· <u>·</u>	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 04/10/08 Name & Address		
Howard Sherline 3890 Pine Harbor West Bloomfield, MI 48323	_{\$} 100	_s 100
5. If over \$100.00 cumulative, please provide:	Click Horo fo	r Memo Itemization
Occupation Employer		Menio iteliization
Business Address		
Type of Contribution:		
Page Sub	ototal \$450.00	
Grand Total of All Schedules	•	
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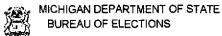
ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

Enter contributor's nammiddle initial. Check b Committee (PAC) Repo	ox to indicate if contr	ribution is from a Political Corr	al, enter last name, first name, nmittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address:	PAC Receipt?	YES 4. Date of Re	ceipt 04/25/08		
	5575 Linton V	Vest Bloomfield Mi 4	48322	_{\$} 25	_{\$} 25
5. If over \$100,00 cum	iulative, please pro	vide:		Click Here	e for Memo Itemization
Occupation		_ Employer		***************************************	
Business Address Type of Contribution:	√ Direct	Loan from a person	√ Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of Re	ceipt <u>04/25/08</u>		
Anita Pastor 71	17 Pebblebro	ok Rd. West Bloomf	field MI 48322	_{\$} 50	_{\$} 50
5. If over \$100.00 cum				Click Here	for Memo Itemization
Occupation		Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date of Re	eceipt 04/25/08	_	
	essy 6735 Ald	len Dr. West Bloomf	field, MI 48324	_{\$} 100	_{\$} 200
5. If over \$100.00 cun	ulative nlease pro	wide:		Click Here	for Memo Itemization
Occupation Retired		Employer			
Business Address Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution # 4	PAC Receipt?		Receipt 03/10/08		
Name & Address					
Mike Quinn 562	22 Hillcrest Wo	est Bloomfield, MI 4	8322	_{\$} 20	<u>s</u> 20
5. If over \$100.00 cur	nulative, please pro	ovide:		Click Here	for Memo Itemization
Occupation		Employer			
Business Address	·- <u></u>				
Type of Contribution:	✓ Direct	Loan from a person	Fund Raiser	· ,	
<u> </u>			Page Subtota	\$195.00	
		(Co	Grand Total of All Schedules 1A omplete on last page of Schedule	Enter this total of	
Page 24 of 31	-			line 3a of Sumn Page.	nary



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

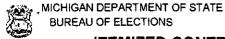
Enter contributor's name middle initial. Check box Committee (PAC) Report	to indicate if conti	ontribution is from an individ fbution is from a Political Co egardless of amount	dual, en ommitte	ter last name, first name, ee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 Name & Address:	PAC Receipt?	YES 4. Date of R	Receipt	04/30/08		
	6815 Brockh	urst West Bloomfie	eld, î	MI 48322		
			-		_s 20	<u>\$</u> 20
5. If over \$100.00 cumu	lative, please pro	vide:			Click Horo	or Memo Itemization
Occupation		Employer			CHCK FIELE	Or Metho Reinizadon
Business Address				·		
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of F	Receipt	06/16/08		
Christopher Sem	ma 5183 Sh	enandoah Ct. Wes	st Blo	oomfield, MI 48323	s 100	_{\$} _100
5. If over \$100.00 cumu	lative, please pro	vide:			Click Here f	or Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date of	Receip	[†] 06/17/08		
Chaldean Chaml Farmington Hills		95 Northwestern I	∃wy.	#102	_s 300	_{\$} 300
5. If over \$100.00 cumu	lative, please pro	vide:			Click Here fo	or Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date of	f Recei	pt <u>07/14/08</u>		
Isam Yaldo 5656	Paulos Ln.	West Bloomfi8eld,	MI 4	8322	_{\$} 100	_{\$} 100
5. If over \$100.00 cumu	ilative, please pro	ovide:			Click Here fo	or Memo Itemization
Occupation	<u> </u>	_ Employer				
Business Address	1. 1					
Type of Contribution:	√ Direct	Loan from a person		Fund Raiser		
				Page Subtotal	\$520.00	
		(nd Total of All Schedules 1A ete on last page of Schedule)	Enter this total on	
Page 26 of 31					line 3a of Summar Page.	у



ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Cathy Shaughnessy

Enter contributor's name and address. If contribution is from an individual, entemiddle initial. Check box to indicate if contribution is from a Political Committee Committee (PAC) Report <u>all</u> contributions regardless of amount.	er last name, first name, e or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address:	07/14/08		. : ————
Vivian Yaldo 5656 Paulos Ln. West Bloomfield, MI 48	322		
		_{\$} 100	_s 100
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation Employer			
Business Address			!
Type of Contribution: ✓ Direct Loan from a person	und Raiser		
Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address	07/16/08		•
Karen Weschler 4705 Wendrick West Bloomfield, MI	48323	<u>\$</u> 200	_{\$} 200
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation Housewife Employer			
Business Address			
Type of Contribution: 🗸 Direct Loan from a person	Fund Raiser		
Contribution # 3 PAC Receipt? YES 4. Date of Receipt Name & Address:	03/17/08		
Cathy Shaughnessy 5079 W. Pod Cr. West Bloomfie	ld MI 48323	0000	0000
Cally Chadginious 5575 W. Fod On Wood Blooming	,	_{\$} 2200	_{\$} 2200
		Click Here for	Memo Itemization
5. If over \$100.00 cumulative, please provide:		y 	
Occupation Candidate Employer Not employed			
Business Address Type of Contribution: Direct Loan from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt			<u> </u>
Name & Address			
Cathy Shaughnessy 5079 W. Pod Cr. West Bloomfie	ld, MI 48323	_{\$} 4710	_s 6910
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation Candidate Employer not employed		3a. 11010 101	THE STATE OF THE S
Business Address			
Type of Contribution: Direct Loan from a person	Fund Raiser		
	Page Subtotal	\$7,210.00	
	d Total of All Schedules 1A e on last page of Schedule)		
Page 27 of 31	. •	Enter this total on line 3a of Summary Page.	



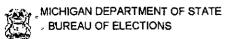
ITEMIZED CONTRIBUTIONS **SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee F.D. Number C-93483

Page.

Committee To Elect Cathy Shaughnessy 2. Committee Name 7. Cumulative for Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Contributor (Through Committee (PAC) Report all contributions regardless of amount. date of receipt) 3. Contribution #1 PAC Receipt? 4. Date of Receipt 02/15/08 Name & Address: John O'Leary 5447 Tequesta West Bloomfield, MI 48323 75 <u>.</u> 25 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _ _____ Employer_ Business Address Direct Type of Contribution: Fund Raiser Loan from a person 4. Date of Receipt 09/01/06 PAC Receipt? YES 3. Contribution #2 Name & Address Nancy Shaughnessy 6735 Aldsen West Bloomfield, MI 48324 **100** ₂100 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation _ Business Address Fund Raiser Loan from a person 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/04/05 Name & Address: Eileen Caya 20924 Mary Taylor, MI 48180 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Employer_ Occupation_ Business Address Type of Contribution: Direct Loan from a person **Fund Raiser** PAC Receipt? Contribution # 4 4. Date of Receipt 07/19/08 Name & Address Lisa Kaplan 6823 Post Oak West Bloomfield, MI 48322 . 275 425 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation Social Worker Employer CARE Business Address 31900 Utica Rd. Fraser, MI 48026 Type of Contribution: Direct Fund Raiser Loan from a person Page Subtotal \$440.00 Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on line 3a of Summary Page _ 28 of 31



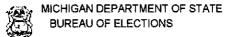
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

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)
Contribution # 1 PAC Receipt? YES 4. Date of Receipt 06/17/08 Name & Address:		
Cathy Shaughnessy 5079 West Pond Cr West Bloomfield MI 48323		
	_{\$} 800	_s 7710
5. If over \$100.00 cumulative, please provide: Occupation Candidate Employer not employed	Click Here fo	or Memo Itemization
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Type of Contribution: ✓ Direct ✓ Loan from a person Fund Raiser 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 06/26/08	· · · · · · · · · · · · · · · · · · ·	
Name & Address		
Cathy Shaughnessy 5079 West Pond Cr West Bloomfield MI 48323	_{\$} 200	_{\$} 7910
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation Candidate Employer not employed		
Business Address		
Type of Contribution:		
Contribution #3 PAC Receipt? YES 4. Date of Receipt 07/01/08 Name & Address:		
Cathy Shaughnessy 5079 West Pond Cr West Bloomfield MI 48323	_{\$} 5000	_{\$} 12910
	Click Here fo	r Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation Candidate Employer not employed		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
Contribution # 4 PAC Receipt? YES 4. Date of Receipt 07/11/08 Name & Address		
Cathy Shaughnessy 5079 West Pond Cr West Bloomfield Mt 48323	_{\$} 1300	_s 14210
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Candidate Employer not employed	Chick Here IO	Memo Remization
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)	\$7,300.00 Enter this total on line 3a of Summar Page.	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1, Committee I.D. Number	C-93483
1, COMMITTEE TO THE PROPERTY OF	

2. Committee Name Committee To Elect Cathy Shaughnessy

Enter contributor's name and addition middle initial. Check box to indicate Committee (PAC) Report all contributions.	te if contribution is from a Politic			6. Amount	Election Cycle for Each Contributor (Through date of receipt)
	Receipt? YES 4. Date	of Receip	ot 04/10/08		
Name & Address: Barry Kaufman 7220 M	uerdale West Bloomf	ield M	1 48322		
Dairy Nauman 7220 M	derdale West Blooming	1010, 171	1 40022	_{\$} 100	_s 100
5. If over \$100.00 cumulative, pl	ease provide:			Click Hara	for Memo Itemization
Occupation	Employer			Click Here	for Metrio Iteliuzanon
Business Address					
Type of Contribution: Direct	Loan from a perso	n ✓	Fund Raiser		
Contribution #2 PAC R Name & Address	eceipt? YES 4. Date	e of Recei	ot 07/19/08		
Cathy Shaughnessy 50	79 W Pond Cr West I	Bloomf	ield, MI 48323	_s 1500	_{\$} 15710
5. If over \$100,00 cumulative, pl		lovad		Click Here	for Memo Itemization
Occupation candidate	Employer not empl	loyeu			
Business Address			-		
Type of Contribution:	Loan from a persor	n _	Fund Raiser		
Contribution # 3 PAC R Name & Address:	eceipt? YES 4. Dat	e of Rece	ipt 07/14/08	-	
Alon Kaufman 5424 Av	ralon Cr. West Bloomf	field, N	II 48323	_{\$} 500	_ <u>\$</u> 500
E 16 avec #400 00 avenulative al				Click Here	for Memo Itemization
5. If over \$100.00 cumulative, pl	·	lice			
Occupation Owner Business Address 3000 Pontiac	Employer Homed				
Type of Contribution: Direct	Loan from a perso		Fund Raiser		
3. Contribution # 4 PAC R Name & Address	Receipt? YES 4. Da	te of Rece	eipt 07/18/08		
Shari Kaufman 5424 A	valon Ct. West Bloom	ifield, N	AI 48323	_{\$} 500	_{\$} 500
5. If over \$100.00 cumulative, pl	ease provide:			والمادا المسادة	for Memo Itemization
Occupation housewife	Employer			Click mere	ioi iviemo ilemization
Business Address			, , , , , , , , , , , , , , , , , , ,		
Type of Contribution: Vinec	t Loan from a perso	on	Fund Raiser		
30 31			Page Subtota and Total of All Schedules 1A elete on last page of Schedule	Enter this total or line 3a of Summa	
Pageof				Page.	



ITEMIZED EXPENDITURES SCHEDULE 1B C

AALIEDAER IM	
ANDIDATE COMMITTEE	2. Committe

ee Name Committee to Elect Cathy Shaughnessy

	A Durana (Daminot Information)	5. Date	6. Amount
Name and address of person or vendor to whom paid	Purpose (Required Information)	J. Date	y. Alliverd
Expenditure #1			
Nome College Shaughapiki	,	14/08	
Nama Collean Shaughressy		77700	\$ 80,00
	Purpose: Canvassu	Date	
Address 5079 W. Pond a.			
W. Bloomfield, MI 48323	Click H	ere for Memó il	emization Type
w. Lind i good, i is a forest			
¥	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #2		, ,	
Name Mume Custus		6/12/08	\$ 240,00
,		Doto	· 260,00
Address 750 pschaid lake id.	Purpose: F Shuts	uatt	
west bloomfuld, MI 48322	Click H	are for Memo It	emization Type
your sometime your]	•	•
·	Check box if this expenditure is payment of		
Contract	debt or obligation reported on previous		
Fund Raiser	statement		. :
Expenditure #3			i
Name Charteting of but the had		11	
Name Charter Tup of West Bloomfield		6/12/08	\$ 20.00
	Manual and	Date	
Address 4550 Walnut Take Rd.	Purpose: precent maps		
11 Almilied our 40232	,		emization Type
Address 4550 Walnut Lake Rd. W. Bloomfuld, MI. 48323	CHICK TO	IOTO TO INCIDENT	entimendi i kha
<i>V</i>	Check box if this expenditure is payment of		
Fund Reiser	debt or obligation reported on previous	•	
	statement		
Expenditure #4	1		
Name Staples	1	1/15/nA	
	٣	Date	\$ 39.06
Address 72 of Hongarett Rd.	Purpose: printer inte	Uale	
Walled Lake, MIT 48390			
Walled Xdle, MI 48390	Cliek I	ere for Memo I	lamization Type
	OIRK P	iai o recimioning ii	
	Check box if this expenditure is payment of	-	
Fund Raiser	dent or obligation reported on previous	•	
L_I rung raiser	statement	·	
Expenditure #5			
Name 11. S. Post Ollice		11.1.	
Name U.S. Post Office Address West Bloomfuld, MI		4/19/08	\$ 405.00
Address West Bloomsfuld, MI	Purpose: pertage	Date	+ 700,00
ľ	Click I	tere for Memò l	temization Type
	Check box if this expenditure is payment of		
<u></u>	debt or obligation reported on previous		
Fund Raiser	statement		
	Subba	tal this page	PAU AL
	Subt	wei rine haffe.	804.06
	Grand Total of all	Schedules 18	
	(Complete on last page		
	` , , I J	•	Enter this total

on line 6a of Summary Page



ITEMIZED EXPENDITURES SCHEDULE 1B

1. Committee I. D. Number C-93483

CANDIDATE COMMITTEE 2.	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. Amo	:	
Expenditure #1 Name Muke Denusen Address 739 Jos Asholus Dr. Walled Jake, MI 48390 Fund Reiser	Purpose:		
Name Obsesses à Eccentric Neus papers Address 36251 Schoolcraft Juvenia, M.L. 48150 [Fund Raiser	Purpose: Advertision of Click Here for Memo itemization of Gebt or obligation reported on previous statement		
Expenditure #3 Name Data Arwer Marketing Address 43155 West Rd. Ste 6 Wittom, MIT 48393 Fund Raiser	Purpose:		
Expenditure #4 Name Huntington Bank 6705 Onchard Lake Rd. Address West Bloomfuld, MI 4832?	Purpose:		
Expenditure #5 Name Election Xpiss Address 14400 Woodsow William Octooct, INI 48238	Purpose:	306 . 10 on Type	
	Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)	9.05	

Enter this total on line 8a of Summary Page

Page 9 of 13



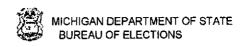
ITEMIZED EXPENDITURES SCHEDULE 1B **CANDIDATE COMMITTEE**

C-93483 1. Committee I. D. Number

2. Committee Name	Committee to Elect Cathy Shaughnessy

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information) 5. Det	e 6, Amount
Expenditure #1 Name U.S. Port office Address West Blumfuld, MI 47322	Purpose:	OS \$ 84.00
Expenditure #2		
Name advantage Marketing Solutions Address 38777 6 Mile Rd. Ste 110	Purpose: <u>punting</u>	Agmo Itemization Type
Juionia, MI 48152		
Fund Reiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #3		
Name Krages Address 4805 Haggerty Bd. W. Blownfield, MI 48323	Purpose:	te \$ <u>69.78</u>
Expenditure #4		
Name Data Dewin Marketing Actoress 48155 West Rd. Sti 6 Wijsm, MI 48393 — Fund Reiser	Purpose: mailing	s 252.60
Expenditure #5		
Name Huntington Bank 6705 Onhard Address West Blasmfuld. MI 48322	Purpose: Lank fee. 8/15/ Date Click Here for Check box if this expenditure is payment of debt or obligation reported on previous statement	s 35.00 Memo (temization Type
	Subtotal this p	age 528.38
	Grand Total of all Schedule	1 / / / / / / / / / / / / / / / / / / /

Enter this total on line 8a of Summary Page



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

C-93483

SCHED	ULE 1E
CANDIDATE	COMMITTEE

Committee Name Committee to Elect Cathy Shaughnessy

CANDIDATE COMMITTEE				
This Schedule itemizes:				-
a ☑ Debts and obligations owed by or forgiven the com (Che	nmittee OR b. Debtseck either a or b. Use only for the pu	s and obligations owed <u>to</u> rpose checked.)	or forgiven <u>by</u> the con	nmittee.
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 endorsers 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	Cumulative payment to date on debt	Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: Loan	\$	•	
Cathy Shaughnessy 5079 West Pond Circle	5. <u>Date Debt Was Incurred</u> : 06/26/08	<u> </u>	-	
West Bloomfield, MI 48323	6. Original Amount of Debt	<u> </u>	\$ <u>0</u>	\$_200.00
	\$ 200.00	<u> </u>	-	FORGIVEN
if bank loan, name of endorser or guarantor:		Ar	mount Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by:	4. Type:	\$		
	5. Date Debt Was Incurred:	\$		
	6. Original Amount of Debt	ss	\$	\$
	\$	<u> </u>		FORGIVEN
If bank loan, name of endorser or guarantor:		/	Amount Endorsed: \$	···
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$		
C. 102 to 4: 54:	5. <u>Date Debt Was Incurred</u> :	\$		
	6. Original Amount of Debt	\$		•
	\$	\$\$, , , , , , , , , , , , , , , , , , , ,	FORGIVEN
		<u> </u>		
If bank loan, name of endorser or guarantor:			Amount Endorsed: \$_	
		Page Subtol	tal (Outstanding debt)	\$200.00
((Complete on last page of Schedule	Grand Tot showing amounts owed b	al of all Schedules 1E y or to the committee)	Ψ11,010.00
,	· •	-		Enter this total

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.

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

Page 3 of 3

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

Committee to Elect Cathy Shaughnessy

6850 Torybrook Cr.

West Bloomfield, MI 48323

COMMITTEE TO ELECT CATHY SHAUGHNESS 6850 TORYBROOKE CIR.
W BLOOMFIELD, MI 48323-2165 74-347/724 013£1707173 1038

Committee that the Kypha Trutes \$ 125.00

PAY TO THE ORDER OF __

DOLLARS II) SERVE

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