



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INDEPENDENT/POLITICAL
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

3. This Statement covers From: 10-5-11 To 10-23-11

1. Committee I.D. Number
95497

2. Committee Name
TROY VOTER GUIDE

4. Committee's Mailing Address
70 TACOMA
TROY, MI 48084

Area Code and Phone 248-362-3476

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.

5. Treasurer's Name and Residential Address
RALPH SAVAGE
70 TACOMA
TROY, MI 48084

7. Designated Record Keeper's Name and Mailing Address (if the committee has a Designated Record Keeper)
RALPH SAVAGE
70 TACOMA
TROY, MI 48084

Area Code and Phone 248-362-3476

6. Treasurer's Business Address
70 TACOMA
TROY, MI 48084
248-362-3476

Area Code and Phone

Area Code and Phone 248-362-3476

8. TYPE OF STATEMENT:
APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON STATE LEVEL

8a. TRIANNUAL STATEMENTS

| | |
|-------------------------------------|-------------------------------------|
| Even Year | Odd Year |
| <input type="checkbox"/> April 25 | <input type="checkbox"/> January 31 |
| <input type="checkbox"/> July 25 | <input type="checkbox"/> July 25 |
| <input type="checkbox"/> October 25 | <input type="checkbox"/> October 25 |

8b. QUARTERLY STATEMENTS
CAUCUS COMMITTEES (ONLY)

| | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> January 31 | <input type="checkbox"/> April 25 |
| <input type="checkbox"/> July 25 | <input type="checkbox"/> October 25 |

8c. SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT

APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON COUNTY LEVEL

8d. ANNUAL STATEMENT
(_____ Coverage Year)

8e. PRE-ELECTION OR

8f. POST-ELECTION

Pre-Election or Post-Election Statement relates to:

| | |
|-------------------------------------|---|
| <input type="checkbox"/> PRIMARY | <input checked="" 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:
11-8-11

APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON STATE AND COUNTY LEVEL

8g. AMENDMENT TO CAMPAIGN STATEMENT
(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being amended)

8h. DISSOLUTION OF COMMITTEE

Effective Date of Dissolution _____

By checking this item, I/we certify that the committee has no asset or outstanding debts, including late filing fees. Further, I 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 2B 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 or 7 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 can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record Keeper RALPH SAVAGE Type or Print Name

[Signature] Signature

Date 10/27/11

RECEIVED FOR FILING
OAKLAND COUNTY CLERK
2011 OCT 28 AM 9:18
DUTY COUNTY CLERK



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 95497
2. Committee Name TRAY VOTER GUIDE

SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE

| RECEIPTS | Column I This Period | Column II Cumulative for Calendar Year |
|--|--------------------------------|---|
| 3. Contributions | | |
| a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8) | (3a.) \$ <u>3,000.00</u> | (18.) \$ <u>3,000.00</u> |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ <u>NOT APPLICABLE</u> | |
| c. Subtotal of "Contributions" | (3c.) \$ <u>3,000.00</u> | (19.) \$ <u>0</u> |
| 4. Other Receipts (Schedule 2A-1, Column 6) | (4.) \$ <u>0</u> | (19.) \$ <u>0</u> |
| 6. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + line 4) | (5.) \$ <u>3,000.00</u> | (20.) \$ <u>3,000.00</u> |
| IN-KIND CONTRIBUTIONS | | |
| 6. In-Kind Contributions | | |
| a. Itemized (Schedule 2-1K, Column 7) | (6a.) \$ <u>0</u> | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (6b.) \$ <u>NOT APPLICABLE</u> | |
| 7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b) | (7.) \$ <u>0</u> | (21.) \$ <u>0</u> |
| EXPENDITURES | | |
| 8. Expenditures | | |
| a. Itemized Direct (Schedule 2B, Column 7) | (8a.) \$ <u>2,777.68</u> | |
| b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6) | (8b.) \$ <u>0</u> | |
| c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7) | (8c.) \$ <u>0</u> | |
| d. Unitemized (less than \$50.01 each - no Schedule) | (8d.) \$ <u>0</u> | |
| e. Subtotal of Expenditures | (8e.) \$ <u>2,777.68</u> | (22.) \$ <u>2,777.68</u> |
| 9. Independent Expenditures (Schedule 2B-1, Column 7) | (9.) \$ <u>0</u> | (23.) \$ <u>0</u> |
| 10. TOTAL EXPENDITURES (Add Line 8e + Line 9) | (10.) \$ <u>2,777.68</u> | (24.) \$ <u>2,777.68</u> |
| IN-KIND EXPENDITURES | | |
| 11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8) | (11.) \$ <u>0</u> | (25.) \$ <u>0</u> |
| DEBTS AND OBLIGATIONS | | |
| 12. Debts and Obligations | | |
| a. Owed by the Committee (Schedule 2E) | (12a.) \$ <u>0</u> | |
| b. Owed to the Committee (Schedule 2E) | (12b.) \$ <u>0</u> | |
| BALANCE STATEMENT | | |
| 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) | (13.) \$ <u>0</u> | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I) | (14.) + <u>3,000.00</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | (15.) = <u>3,000.00</u> | |
| 16. Amount expended during reporting period (Line 10, Total Expenditures - Column I) | (16.) - <u>2,777.68</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ <u>222.32</u> | |

*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS
ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 95497
2. Committee Name Troy Voter Guide

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount
7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)

3. Contribution # 1
Is this contribution from a PAC? YES 4. Date of Receipt 10-22-11
Name & Address: RALPH SAVAGE
70 TACOMA
TROY, MI 48064 \$ 500.00 \$ 500.00

5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Type
Occupation TEACHER Employer WARREN CONSOLIDATION Sch. Dist.
Business Address 31300 ANITA, WARREN, MI 48093
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2
Is this contribution from a PAC? YES 4. Date of Receipt 10-22-11
Name & Address: KELLY SAVAGE
70 TACOMA
TROY, MI 48084 \$ 500.00 \$ 500.00

5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Type
Occupation HOUSEWIFE Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3
Is this contribution from a PAC? YES 4. Date of Receipt 10-22-11
Name & Address: GONALD SAVAGE
2198 BEECH LANE
TROY, MI. 48088 \$ 500.00 \$ 500.00

5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Type
Occupation RETIRED Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4
Is this contribution from a PAC? YES 4. Date of Receipt 10-22-11
Name & Address: MARY SAVAGE
2198 BEECH LANE
TROY, MI. 48088 \$ 500.00 \$ 500.00

5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Type
Occupation HOUSEWIFE Employer _____
Business Address _____
Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 2,000.00
Grand Total of All Schedules 2A
(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 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 95497
2. Committee Name TROY VOTER GUIDE

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

3. Contribution # 1
Is this contribution from a PAC? YES 4. Date of Receipt 10-22-11

Name & Address: ROBERT OUTLAND
38 TIMBERVIEW
TROY, MI 48084

6. Amount \$ 500.00 \$ 500.00

7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization Type](#)

Occupation RETIRED Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2
Is this contribution from a PAC? YES 4. Date of Receipt 10-22-11

Name & Address: BEVERLY OUTLAND
38 TIMBERVIEW
TROY, MI 48084

6. Amount \$ 500.00 \$ 500.00

7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization Type](#)

Occupation RETIRED Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3
Is this contribution from a PAC? YES 4. Date of Receipt _____

Name & Address: _____

6. Amount \$ _____ \$ _____

7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4
Is this contribution from a PAC? YES 4. Date of Receipt _____

Name & Address: _____

6. Amount \$ _____ \$ _____

7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)

5. If over \$100.00 cumulative, please provide: [Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 1000.00

Grand Total of All Schedules 2A (Complete on last page of Schedule) 3000.00

Enter this total on line 3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 95-497

2. Committee Name TROY VOTER GUIDE

| 3. Name and address of person or vendor to whom the expenditure was made | 5. Candidate or Ballot Question Information | 6. Date | 7. Amount | 8. Cumulative for Election or Election Cycle |
|---|---|-------------------------|--|--|
| Expenditure #1 Name & Address: <u>WRIGHT COMMUNICATION, INC.</u> <u>1229 CHICAGO RD.</u> <u>TROY, MI 48063</u> 4. Purpose: <u>PRINTING</u> <input type="checkbox"/> Fund Raiser | 5. <u>DANIELS, TIEZ</u> <u>KENNEDY HANBISON</u> Name of Candidate <u>MAYOR</u> <u>CITY COUNCIL</u> Office Sought & District # or Jurisdiction <u>OAKLAND</u> County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement | <u>10/12/11</u> Date | <u>\$ 940.00</u> \$ <u>940.00</u> | Click Here for Memo Itemization Type |
| Expenditure #2 Name & Address: <u>LASONCOM LLC</u> <u>2230 ELLIOTT</u> <u>TROY, MI 48063</u> 4. Purpose: <u>MAILING HOUSE</u> <input type="checkbox"/> Fund Raiser | 5. <u>DANIELS, TIEZ</u> <u>KENNEDY HANBISON</u> Name of Candidate <u>OAKLAND</u> Office Sought & District # or Jurisdiction <u>OAKLAND</u> County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement | <u>10/13/11</u> Date | <u>\$ 1,831.68</u> \$ <u>1,831.68</u> | Click Here for Memo Itemization Type |
| Expenditure #3 Name & Address: _____ 4. Purpose: _____ <input type="checkbox"/> Fund Raiser | 5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement | _____ Date | \$ _____ \$ _____ | Click Here for Memo Itemization Type |
| Expenditure #4 Name & Address: _____ 4. Purpose: _____ <input type="checkbox"/> Fund Raiser | 5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement | _____ Date | \$ _____ \$ _____ | Click Here for Memo Itemization Type |

Subtotal this page 2777.68

Grand Total of all Schedules 2B
(Complete on last page of Schedule) 2777.68

Enter this total on line 8a of the Summary Page