



**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.

1. Committee I.D. Number <u>150503</u>		3. This Statement covers From: <u>11-1-11</u> to <u>11-8-11</u>	
2. Committee Name <u>JENNIFER L. DELORGE FOR MAYOR CITY OF PINCONNING</u>		4. Candidate Last Name <u>DELORGE</u> First Name <u>JENNIFER</u> M.I. <u>L.</u>	4a. Office Sought Including District # or Community Served (If applicable) <u>MAYOR CITY OF PINCONNING</u>
5. Committee's Mailing Address <u>JENNIFER L. DELORGE 710 BERMUDA ST. PINCONNING MI 48650</u> Area Code and Phone <u>989 879 5477</u> 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.		4b. County of Residence <u>BAY</u>	
7. Treasurer's Business Address <u>JENNIFER L. DELORGE 710 BERMUDA ST PINCONNING MI 48650</u> Area Code and Phone <u>989 879-5477</u>		6. Treasurer's Name & Residential Address <u>JENNIFER L. DELORGE 710 BERMUDA ST PINCONNING MI 48650</u> Area Code & Phone <u>989 879 5477</u>	
		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <u>JENNIFER L. DELORGE 710 BERMUDA ST PINCONNING MI 48650</u> Area Code and Phone <u>989 879 5477</u>	

9. TYPE OF STATEMENT

9a.  Pre-Election OR 9b.  Post-Election

9c.  Annual Statement ( \_\_\_\_\_ Coverage Year)

9d.  Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e.  Dissolution of Candidate Committee

Effective Date of Dissolution \_\_\_\_\_

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.

Pre-Election or Post-Election Statement relates to:

Primary  General

Convention  School

Special  Caucus

Date of Election, Convention or Caucus 11-8-11

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 JENNIFER L. DELORGE Jennifer L. DeLorge Date 11-14-11

Type or Print Name Signature

Candidate JENNIFER L. DELORGE Jennifer L. DeLorge Date 11-14-11

Type or Print Name Signature



1. Committee I.D. Number 150503  
 2. Committee Name JENNIFER L DELORGE FOR MAYOR CITY OF PLYMOUTH

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>90.00</u>	(18.) \$ <u>90.00</u>
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	(19.) \$ <u>-0-</u>
c. Subtotal of "Contributions"	(3c.) \$ <u>90.00</u>	(20.) \$ <u>90.00</u>
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$ <u>-0-</u>	(19.) \$ <u>-0-</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>90.00</u>	(20.) \$ <u>90.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$ <u>-0-</u>	(21.) \$ <u>-0-</u>
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$ <u>-0-</u>	(22.) \$ <u>-0-</u>
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>90.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>-0-</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>-0-</u>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ <u>90.00</u>	(23.) \$ <u>90.00</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>-0-</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>-0-</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>-0-</u>	(24.) \$ <u>-0-</u>
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>-0-</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>-0-</u>	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$ <u>-0-</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>90.00</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) = \$ <u>90.00</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$ <u>90.00</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>-0-</u>	



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150503  
2. Committee Name JENNIFER L. DELORGE FOR MAYOR CITY OF PINCONNING

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.

3. Contribution #1 PAC Receipt?  YES 4. Date of Receipt 11-2-11

Name & Address:  
JENNIFER L. DELORGE  
710 BERUDA ST  
PINCONNING MI 48650

6. Amount \$ 90.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 90.00

5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer ABLE SAFE NAILS BY JENNIFER Click Here for Memo Itemization

Business Address 4756 N HURON RD PINCONNING MI 48650

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt \_\_\_\_\_

Name & Address \_\_\_\_\_

6. Amount \$ \_\_\_\_\_ 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide: Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Click Here for Memo Itemization

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #3 PAC Receipt?  YES 4. Date of Receipt \_\_\_\_\_

Name & Address \_\_\_\_\_

6. Amount \$ \_\_\_\_\_ 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide: Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Click Here for Memo Itemization

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #4 PAC Receipt?  YES 4. Date of Receipt \_\_\_\_\_

Name & Address \_\_\_\_\_

6. Amount \$ \_\_\_\_\_ 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ \_\_\_\_\_

5. If over \$100.00 cumulative, please provide: Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Click Here for Memo Itemization

Business Address \_\_\_\_\_

Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal 90.00  
Grand Total of All Schedules 1A (Complete on last page of Schedule) 90.00

Enter this total on line 3a of Summary Page.

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150503  
 2. Committee Name JENNIFER L DELORGE FOR  
MAYOR CITY OF PINCONNING

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>PINCONNING JOURNAL</u> Address <u>P.O. BOX 624 PINCONNING MI 48650</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FLIERS INSERTED IN PAPER TO PROMOTE CANDIDATE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11-2-11</u> Date	\$ <u>90.00</u>
Expenditure #2 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page 90.00  
 Grand Total of all Schedules 1B  
 (Complete on last page of Schedule) 90.00

Enter this total  
on line 8a of  
Summary Page



**DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150503  
2. Committee Name JENNIFER L. DELORGE FOR  
MAYOR CITY OF PLYMOUTH

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 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	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:  <u>N/A</u>	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 #2 Corp? <input type="checkbox"/> Yes Owed to or by:  <u>N/A</u>	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:  <u>N/A</u>	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)

Grand Total of all Schedules 1E  
(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.



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.

1. Committee I.D. Number <u>150503</u>		3. This Statement covers From: <u>2-18-11</u> to <u>10-10-11</u>	
2. Committee Name <u>JENNIFER L. DELORGE FOR MAYOR CITY OF PINCONNING</u>		4. Candidate Last Name <u>DELORGE</u> First Name <u>JENNIFER</u> M.I. <u>L</u>	
5. Committee's Mailing Address <u>JENNIFER L. DELORGE</u> <u>710 BERMUDA ST</u> <u>PINCONNING MI 48650</u> Area Code and Phone <u>989 879 5477</u>		4a. Office Sought Including District # or Community Served (If applicable) <u>MAYOR CITY OF PINCONNING</u>	
6. Treasurer's Name & Residential Address <u>JENNIFER L. DELORGE</u> <u>710 BERMUDA ST</u> <u>PINCONNING MI 48650</u> Area Code & Phone <u>989 879 5477</u>		4b. County of Residence <u>BAY</u>	FILED OCT 27 11 09 AM CLERK OF CIRCUIT COURT
7. Treasurer's Business Address <u>JENNIFER L. DELORGE</u> <u>710 BERMUDA ST.</u> <u>PINCONNING MI 48650</u> Area Code and Phone <u>989-879-5477</u>		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <u>JENNIFER L. DELORGE</u> <u>710 BERMUDA ST.</u> <u>PINCONNING MI 48650</u> Area Code and Phone <u>989-879-5477</u>	

9. TYPE OF STATEMENT

9a.  Pre-Election OR 9b.  Post-Election

Pre-Election or Post-Election Statement relates to:

Primary  General  
 Convention  School  
 Special  Caucus

Date of Election, Convention or Caucus

11-8-11

9c.  Annual Statement (2011 Coverage Year)

9d.  Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e.  Dissolution of Candidate Committee

Effective Date of Dissolution

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 JENNIFER L. DELORGE Jennifer L. DeLorge Date 10-24-11

Candidate JENNIFER L. DELORGE Jennifer L. DeLorge Date 10-24-11

X



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 150 503  
 2. Committee Name JENNIFER L. DELORGE FOR  
MAYOR CITY OF PINNACLING

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

	Column I This Period	Column II Cumulative this election cycle
<b>RECEIPTS</b>		
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1433.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1433.00</u>	(18.) \$ <u>1433.00</u>
<b>4. Other Receipts (Schedule 1A-1, Column 6)</b>	(4.) \$ <u>- 0 -</u>	(19.) \$ <u>- 0 -</u>
<b>8. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)</b>	(5.) \$ <u>1433.00</u>	(20.) \$ <u>1433.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions (Schedule 1A-K, Column 7)</b>	(6.) \$ <u>- 0 -</u>	(21.) \$ <u>- 0 -</u>
<b>7. In-Kind Expenditures (Schedule 1B-K, Column 6)</b>	(7.) \$ <u>- 0 -</u>	(22.) \$ <u>- 0 -</u>
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1433.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>- 0 -</u>	
c. Unitemized (less than \$20.01 each - no Schedule)	(8c.) \$ <u>- 0 -</u>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ <u>1433.00</u>	(23.) \$ <u>1433.00</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>- 0 -</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>- 0 -</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)</b>	(11.) \$ <u>- 0 -</u>	(24.) \$ <u>- 0 -</u>
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>- 0 -</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>- 0 -</u>	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)</b>	(13.) \$ <u>- 0 -</u>	
<b>14. Amount received during reporting period (Line 5, Total Contributions &amp; Other Receipts)</b>	(14.) + \$ <u>1433.00</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) = \$ <u>1433.00</u>	
<b>16. Amount expended during reporting period (Add lines 9 and 11)</b>	(16.) - \$ <u>1433.00</u>	
<b>17. ENDING BALANCE (Subtract line 16 from line 15)</b>	(17.) \$ <u>- 0 -</u>	



1. Committee I.D. Number 150503  
 2. Committee Name JENNIFER L. DELORGE FOR MAYOR CITY OF PINCONNING

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

	Column I This Period	Column II Cumulative this election cycle
<b>RECEIPTS</b>		
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1358.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1358.00</u>	(18.) \$ <u>1433.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>- 0 -</u>	(19.) \$ <u>- 0 -</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>1358.00</u>	(20.) \$ <u>1433.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>- 0 -</u>	(21.) \$ <u>- 0 -</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>- 0 -</u>	(22.) \$ <u>- 0 -</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1433.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>- 0 -</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>- 0 -</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1433.00</u>	(23.) \$ <u>1433.00</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>- 0 -</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>- 0 -</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>- 0 -</u>	(24.) \$ <u>- 0 -</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>- 0 -</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>- 0 -</u>	
<b>BALANCE STATEMENT</b>		
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)	(14.) + \$ <u>1433.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1433.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1433.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>- 0 -</u>	

*This pg. was re-done - see previous page.*



BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150503  
2. Committee Name JENNIFER L. DE LORGE FOR MAYOR CITY OF PINCONNING

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.

3. Contribution #1 PAC Receipt?  YES 4. Date of Receipt FEBRUARY 2010  
Name & Address: JENNIFER L. DELORGE  
710 BERMUDA ST.  
PINCONNING, MI 48650 \$ 75.00 \$ 75.00

5. If over \$100.00 cumulative, please provide:  
Occupation OWNER Employer ABLE SAFE NAILS BY JENNIFER Click Here for Memo Itemization  
Business Address 4756 N. HURON RD PINCONNING MI 48650  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt OCTOBER 2010  
Name & Address: JENNIFER L. DELORGE  
710 BERMUDA ST.  
PINCONNING, MI 48650 \$ 1358.00 \$ 1433.00

5. If over \$100.00 cumulative, please provide:  
Occupation OWNER Employer ABLE SAFE NAILS BY JENNIFER Click Here for Memo Itemization  
Business Address 4756 N. HURON RD PINCONNING MI 48650  
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 \_\_\_\_\_ Click Here for Memo Itemization  
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 \_\_\_\_\_ Click Here for Memo Itemization  
Business Address \_\_\_\_\_  
Type of Contribution:  Direct  Loan from a person  Fund Raiser

Page Subtotal 1433.00  
Grand Total of All Schedules 1A (Complete on last page of Schedule) 1433.00  
Enter this total on line 2a of Summary



# ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number 150 503  
2. Committee Name JENNIFER L. DELORGE FOR  
MAYOR CITY OF PINCONNING

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.

3. Contribution #1 PAC Receipt?  YES 4. Date of Receipt OCTOBER 2010

Name & Address: JENNIFER L. DELORGE  
710 BERMUDA ST  
PINCONNING MI 48650

6. Amount \$ 1358.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 1433.00

5. If over \$100.00 cumulative, please provide: ABLE SAFE  
Occupation OWNER Employer NAILS BY JENNIFER [Click Here for Memo Itemization](#)

Business Address 4756 N. HURON RD PINCONNING MI 48650

Type of Contribution:  Direct  Loan from a person  Fund Raiser

3. Contribution #2 PAC Receipt?  YES 4. Date of Receipt \_\_\_\_\_

Name & Address \_\_\_\_\_

6. Amount \$ \_\_\_\_\_ 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ \_\_\_\_\_

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 \_\_\_\_\_

Name & Address \_\_\_\_\_

6. Amount \$ \_\_\_\_\_ 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ \_\_\_\_\_

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 \_\_\_\_\_

Name & Address \_\_\_\_\_

6. Amount \$ \_\_\_\_\_ 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ \_\_\_\_\_

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

Page Subtotal 1433.00  
Grand Total of All Schedules 1A (Complete on last page of Schedule) 1433.00

*This pg. re-down,  
see previous page*

Enter this total line 3a of Sum Page.



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150503  
 2. Committee Name JENNIFER L. DeLORGE FOR  
MAYOR, CITY OF PINCONNING

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>COLLIER STUDIOS</u> Address <u>3416 SWEET BRIER TERRACE MIDLAND MI 48648</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PHOTOS FOR SIGNS * FLIERS TO SUPPORT CANDIDATE</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2-18-11</u> Date	\$ <u>75.00</u>
Expenditure #2 Name <u>DESIGN CO</u> Address <u>4781 S. HURON RD STANDISH MI 48658</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SIGNS, SIGN STAKES, FLIERS TO SUPPORT CANDIDATE</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-10-11</u> Date	\$ <u>1204.00</u>
Expenditure #3 Name <u>US POST OFFICE</u> Address <u>PINCONNING MI 48650</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE TO MAIL FLIERS TO SUPPORT CANDIDATE</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-6-11</u> Date	\$ <u>154.00</u>
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page 1433.00

Grand Total of all Schedules 1B  
(Complete on last page of Schedule) 1433.00

Enter this total on line 8a of Summary Page