



**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: 4 / 1 / 2012 to 7 / 27 / 2012
Mo Day Year Mo Day Year

<p>1. Committee I.D. Number <u>150607</u></p> <p>2. Committee Name <u>Committee to Elect Mark Kaplenski</u></p>	<p>4. Candidate Last Name <u>Kaplenski</u> First Name <u>Mark</u> M.I. <u>T</u></p> <p>4a. Office Sought Including District # or Community Served (If applicable) <u>County Commission 5th District</u></p> <p>4b. County of Residence <u>Bay County</u></p>
<p>5. Committee's Mailing Address <u>1906 S Sheidan St Bay City MI 48708</u></p> <p>Area Code and Phone <u>989-893-6043</u></p> <p>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.</p>	<p>6. Treasurer's Name & Residential Address <u>Mark Kaplenski 1906 S Sheidan St Bay City MI 48708</u></p> <p>Area Code & Phone <u>(989) 893-6043</u></p>
<p>7. Treasurer's Business Address <u>1906 S Sheidan St Bay City MI 48708</u></p> <p>Area Code and Phone <u>(989) 893-6043</u></p>	<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <u>SAME</u></p> <p>Area Code and Phone ()</p>

<p>9. TYPE OF STATEMENT</p> <p>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><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</p> <p>Date of Election, Convention or Caucus <u>8</u> / <u>7</u> / <u>2012</u> Month Day Year</p>	<p>9c. <input checked="" type="checkbox"/> Annual Statement (<u>2012</u> Coverage Year)</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>Effective Date of Dissolution Month Day Year</p> <p>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.</p>
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A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

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

Current Treasurer or Designated Record Keeper MARK KAPLENSKI Mark Kaplenski Date 7 / 27 / 2012
Type or Print Name Signature Mo Day Year

Candidate Same / Date _____
Type or Print Name Signature Mo Day Year



1. Committee I.D. Number 1501607
2. Committee Name Committee to Elect Mark Kaplen

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2078.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2078.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>2078.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$ 2078.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>2078.00</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>1,000.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
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)	(14.) + \$ <u>2078.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2078.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2078.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>- 0 -</u>	

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



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150607

2. Committee Name Committee to Elect Mark Kaplan

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-2012</u> Name: <u>John VanLooy</u> Address: <u>804 Barnstable Asseville Mi 48732</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 type="checkbox"/> Fund Raiser	\$ 50.00	\$ 50.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-2012</u> Name: <u>Kevin Rice</u> Address: <u>2505 Bala Di Bay City Mi 48708</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 type="checkbox"/> Fund Raiser	\$ 50.00	\$ 50.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-2012</u> Name: <u>Mark Prevost</u> Address: <u>702 Frank St Bay City Mi 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Electric</u> Employer <u>Bay City Light & Power</u> Business Address <u>900 S Water St Bay City Mi</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ 100.00	\$ 100.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-2012</u> Name: <u>Mark Oliver</u> Address: <u>401 Oakland Dr Asseville Mi 48732</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	\$ 40.00	\$ 40.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$ 240.00	

Enter this total on line 3 of Summary Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150607

2. Committee Name Committee to Elect Mark Kaplenki

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 from committees 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>6-2012</u> Name: <u>Joval 85</u> Address: <u>6705 Weiss St Saginaw MI</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Union</u> Employer _____ Business Address <u>Same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ 100.00	\$ 100.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-2012</u> Name: <u>Ken Wolczyk</u> Address: <u>5184 Davies Rd Muskegon MI 49441</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 type="checkbox"/> Fund Raiser	\$ 100.00	\$ 100.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-2012</u> Name: <u>Nick Kaplenki</u> Address: <u>P.O. Box 2150 Bay City MI 48707</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 type="checkbox"/> Fund Raiser	\$ 300.00	\$ 300.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7-2012</u> Name: <u>Debbie Priest</u> Address: <u>6203 Fairway Rines Ct Bay City MI 48706</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 type="checkbox"/> Fund Raiser	\$ 50.00	\$ 50.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$ 550.00	

Enter this total on line 3 of Summary Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150607
2. Committee Name Committee to Elect Mark Kaplan

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-2012</u> Name: <u>Eric Rust</u> Address: <u>2121 W Beuman Rd Bay City MI 48708</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	\$25.00	\$25.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-2012</u> Name: <u>Kim Conan</u> Address: <u>706 Sidney St Bay City MI 48706</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 type="checkbox"/> Fund Raiser	\$100.00	\$100.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-2012</u> Name: <u>Frank Quinn</u> Address: <u>4110 Creechwood Ln Bay City MI 48706</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	\$50.00	\$50.00
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6-2012</u> Name: <u>Robert Sachance</u> Address: <u>One Nelson Ln Bay City MI 48708</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	\$50.00	\$50.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$225.00	

Enter this total on line 3 of Summary Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150607

2. Committee Name Committee to Elect Mark Kaplinski

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 from committees 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>6-2012</u> Name: <u>Born Birch</u> Address: <u>1911 Center Ave Bay City MI 48708</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	\$50.00	\$50.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-2012</u> Name: <u>Mark Kaplinski</u> Address: <u>1906 S Sheridan St Bay City MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Electrician</u> Employer <u>Bay City Light & Power</u> Business Address <u>900 S Water St Bay City MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	103.00	-103.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 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		
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 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		

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

\$1063.00

\$2078.00

Enter this total on
line 3 of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150 607

2. Committee Name Committee to Elect Mark Kaplan

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Sign Robot, com</u> Address <u>340 Broadway Ave</u> <u>St Paul Park MN 55071</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Yard Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5-2012</u> Date	<u>\$ 700.00</u>
Expenditure #2 Name <u>Bay Conservation District</u> Address <u>4044 S. Three Mile Rd</u> <u>Bay City MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Door to Door Hand out</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-2012</u> Date	<u>\$ 130.00</u>
Expenditure #3 Name <u>Quality Bag INC</u> Address <u>110 Mcgraw St</u> <u>P.O. Box 436 Bay City</u> <u>MI 48707</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Door to Door Hand out</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5-2012</u> Date	<u>\$ 21.00</u>
Expenditure #4 Name <u>Staples</u> Address <u>4021 North Euclid Ave</u> <u>Bay City MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Marketing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-2012</u> Date	<u>\$ 32.00</u>
Expenditure #5 Name <u>Bay City Post Office</u> Address <u>main Post office</u> <u>Bay City MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Marketing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5-2012</u> Date	<u>\$ 18.00</u>

Subtotal this page

901.00

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150607

2. Committee Name Committee to Elect Mark Kaplan

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Home Depot</u> Address <u>3860 State Street</u> <u>Bay City Mi 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Signage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5-2012</u> Date	\$ <u>188.00</u>
Expenditure #2 Name <u>S tractor Supply</u> Address <u>2886 Winder Rd</u> <u>Bay City Mi 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Sign Post</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5-2012</u> Date	\$ <u>165.00</u>
Expenditure #3 Name <u>Bay City Post Office</u> Address <u>Bay City main P.O.</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>7-2012</u> Date	\$ <u>128.00</u>
Expenditure #4 Name <u>Bay City Democrat Press</u> Address <u>309 9th Street</u> <u>Bay City Mi 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Door to Door + Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-2012</u> Date	\$ <u>696.00</u>
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 \$ 1177.00

Grand Total of all Schedules 1B
(Complete on last page of Schedule) \$ 2078.00

Enter this total
on line 8a of
Summary Page



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

1. Committee I.D. Number 150607
2. Committee Name Committee to Elect Mark Kaplinski

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 (Indicate type and you may assign an expenditure code) 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>Mark Kaplinski</u> If bank loan, name of endorser or guarantor:	4. Type: <u>loan</u> <u>5-2012</u> 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1013.00</u>	\$ _____ / / \$ _____ / / \$ _____ / / \$ _____ / / \$ _____	\$ _____ Amount Endorsed: \$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: If bank loan, name of endorser or guarantor:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> \$ _____	/ / \$ _____ / / \$ _____ / / \$ _____ / / \$ _____ / / \$ _____	\$ _____ Amount Endorsed: \$ _____	_____ <input type="checkbox"/> FORGIVEN
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: If bank loan, name of endorser or guarantor:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> \$ _____	/ / \$ _____ / / \$ _____ / / \$ _____ / / \$ _____ / / \$ _____	_____ Amount Endorsed: \$ _____	_____ <input type="checkbox"/> FORGIVEN

Page Subtotal (Outstanding debt)

\$1,000.00

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.

To whom it may concern

I received a check in the amount of \$500.00 for the committee to elect Mark Kapleneki on 7-24-2012

The donation was sent from the Michigan Democratic Central Committee State account 606 Townsend St Lansing Mich 48933

Mark Kapleneki 7-26-2012

FILED
JUL 26 2 22 PM '12
CLERK