



**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: <u>10/20/08</u> to <u>11/24/08</u>	
1. Committee I.D. Number C2006-090	4. Candidate Last Name <u>CLAYTON</u> First Name <u>JERRY</u> M.I.
2. Committee Name Committee to Elect Jerry Clayton Sheriff	4a. Office Sought Including District # or Community Served (If applicable) SHERIFF
5. Committee's Mailing Address P O BOX 7976 ANN ARBOR, MI 48107 Area Code and Phone <u>(734) 320-4793</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>WASHTENAW</u>
7. Treasurer's Business Address ELITE FINANCIAL CONSULTING, INC P O BOX 970294 YPSILANTI, MI 48197 Area Code and Phone <u>(734) 635-8926</u>	6. Treasurer's Name & Residential Address LEON MACK 165 VALLEY DRIVE YPSILANTI, MI 48197 Area Code & Phone <u>(734) 484-0374</u>
8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)	

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 2008 NOV 10 11:21
 WASHTENAW COUNTY MI
 CLERK/REGISTRAR

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
11/04/08

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.

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	LEON MACK Type or Print Name	 Signature	Date <u>12/02/08</u>
Candidate	JERRY CLAYTON Type or Print Name	 Signature	Date <u>12/02/08</u>



1. Committee I.D. Number C2006-090

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Jerry Clayton Sheriff

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1,575.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1,575.00</u>	(18.) \$ <u>40,780.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>1,575.00</u>	(20.) \$ <u>40,780.00</u>
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>7,764.96</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>7,764.96</u>	(23.) \$ <u>33,254.67</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>13,715.29</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1,575.00</u>	
	(15.) = \$ <u>15,290.29</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>7,764.96</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>7,525.33</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C2006-090
2. Committee Name Committee to Elect Jerry Clayton Sheriff

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/22/08</u> Name & Address: PHILLIPS, SHARON 7777 CHERRY HILL YPSILANTI, MI 48198		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/22/08</u> Name & Address: HERTZ, ROGER 7844 FISHERS WAY DEXTER, MI 48130		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/22/08</u> Name & Address: BLACKWELL, RONNIE 11733 DUNLEAVY LANE WHITMORE LAKE, MI 48189		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY SHERIFF</u> Employer <u>WASHTENAW COUNTY</u> Business Address <u>2201 HOGBACK ROAD ANN ARBOR, MI 48105</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/22/08</u> Name & Address: PRATER, WESLEY 8303 WARNER ROAD SALINE, MI 48176		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$475.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C2006-090
2. Committee Name Committee to Elect Jerry Clayton Sheriff

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/22/08</u> Name & Address: RHODES, WALTER 5237 FIRENZE COURT SAN JOSE, CA 95138	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/22/08</u> Name & Address: MICHIGAN REGIONAL COUNCIL OF CARPENTERS 3800 WOODWARD AVENUE STE 1200 DETROIT, MI 48201	\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/22/08</u> Name & Address: IRON WORKERS LOCAL 25-PAC FUND 25150 TRANS X DRIVE NOVI, MI 48376	\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/22/08</u> Name & Address: RHODES, ROBERT 7393 WHITINGHAM WAY WEST BLOOMFIELD, MI 48322	\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF-EMPLOYED</u> Business Address <u>7393 WHITINGHAM WAY WEST BLOOMFIELD, MI 48322</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization

Page Subtotal **\$1,100.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **\$1,575.00**

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C2006-090
2. Committee Name Committee to Elect Jerry Clayton Sheriff

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name UNITED SONZ BUSINESS SOLUTIONS Address 105 W MICHIGAN AVENUE YPSILANTI, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/08</u> Date	<u>\$ 800.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name POSTMASTER Address ADAM STREET STATION YPSILANTI, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/21/08</u> Date	<u>\$ 84.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name EYESIGHT PRODUCTIONS Address P O BOX 980581 YPSILANTI, MI 48198 <input type="checkbox"/> Fund Raiser	Purpose: <u>VIDEO PRODUCTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/21/08</u> Date	<u>\$ 100.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name SHERATON HOTEL Address 3800 BOARDWALK ANN ARBOR, MI 48108 <input type="checkbox"/> Fund Raiser	Purpose: <u>ELECTION NIGHT PARTY</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/04/08</u> Date	<u>\$ 5026.56</u> Click Here for Memo Itemization Type
Expenditure #5 Name PARTNERS PRESS Address 1958 S INDUSTRIAL STE C ANN ARBOR, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN LITERATURE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/08</u> Date	<u>\$ 854.40</u> Click Here for Memo Itemization Type

Subtotal this page **\$6,864.96**
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 C2006-090
2. Committee Name Committee to Elect Jerry Clayton Sheriff

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SAWICKI & SONS Address 1521 W LAFAYETTE DETROIT, MI 48216 <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>10/21/08</u> Date	<u>\$ 600.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name JOHNNY LAWRENCE BAND Address WASHTENAW COMM COLLEGE 4800 E HURON RIVER DRIVE ANN ARBOR, MI 48106 <input type="checkbox"/> Fund Raiser	Purpose: <u>ENTERTAINMENT (MUSIC)</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/04/08</u> Date	<u>\$ 300.00</u> Click Here for Memo Itemization Type
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	\$ _____ Click Here for Memo Itemization Type
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	\$ _____ Click Here for Memo Itemization Type
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	\$ _____ Click Here for Memo Itemization Type

Subtotal this page **\$900.00**
Grand Total of all Schedules 1B (Complete on last page of Schedule) **\$7,764.96**

Enter this total on line 8a of Summary Page