



**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: 07/24/08 to 08/25/08

1. Committee I.D. Number
C-2008-080

2. Committee Name
PETE MURDOCK CAMPAIGN

4. Candidate Last Name Murdock First Name Pete M.I. _____

4a. Office Sought Including District # or Community Served (If applicable)
City Council- Ward 3 -City of Ypsilanti

4b. County of Residence _____

5. Committee's Mailing Address
**504 N River
Ypsilanti MI 48198**

Area Code and Phone (734) 485-7799

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.

6. Treasurer's Name & Residential Address
**Carole Clare
324 Garland
Ypsilanti**

Area Code & Phone (734) 483-4138

7. Treasurer's Business Address
N/A

Area Code and Phone _____

8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper)

Area Code and Phone _____

FILED
WASHINGTON COUNTY, MI
2008 SEP - 3 P 12:55
MAY BE OPENED BY
COUNTY 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
08/05/08

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 Carole Clare Signature Carole Clare Date Sept 2, 2008

Candidate Pete Murdock Signature Pete Murdock Date Sept 2, 2008



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2008-080
2. Committee Name PETE MURDOCK CAMPAIGN

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)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/01/08</u></p> <p>Name & Address: Palmer, David 108 Babbit - Ypsilanti, MI 48198</p> <p>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</p>	<p>\$ <u>30.00</u></p>	<p>\$ <u>65.00</u></p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/04/08</u></p> <p>Name & Address Fine, Edwin 2769 Fieldcrest Lane Ypsilanti, MI 48197</p> <p>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</p>	<p>\$ <u>50.00</u></p>	<p>\$ _____</p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/06/08</u></p> <p>Name & Address: Doyle, Amy 210 S Washington Ypsilanti, MI 48197</p> <p>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</p>	<p>\$ <u>25.00</u></p>	<p>\$ _____</p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name & Address _____</p> <p>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</p>	<p>\$ _____</p>	<p>\$ _____</p> <p>Click Here for Memo Itemization</p>

Page Subtotal	\$105.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$105.00

Enter this total on line 3a of Summary Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2008-080
2. Committee Name PETE MURDOCK CAMPAIGN

3. Name and address of person or vendor to whom paid	4. Purpose (Required information)	5. Date	6. Amount
Expenditure #1 Name Costco Address 3000 Commerce Crossing Commerce, Michigan 48382 <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/21/08</u> Date	<u>\$ 31.67</u> Click Here for Memo Itemization Type
Expenditure #2 Name Standard Printing Address 120 East Cross - Ypsilanti, MI 48198 <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/05/08</u> Date	<u>\$ 76.32</u> Click Here for Memo Itemization Type
Expenditure #3 Name HDL Address 118 So. Washington St. Ypsilanti, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/06/08</u> Date	<u>\$ 72.50</u> Click Here for Memo Itemization Type
Expenditure #4 Name Standard Printing Address 120 East Cross - Ypsilanti, MI 48198 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing/Copying : Campaign Literature</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/22/08</u> Date	<u>\$ 197.22</u> Click Here for Memo Itemization Type
Expenditure #5 Name Standard Printing Address 120 East Cross - Ypsilanti, MI 48198 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing/Copying : Campaign Literature</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/28/08</u> Date	<u>\$ 344.50</u> Click Here for Memo Itemization Type

Subtotal this page **\$722.21**

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 C-2008-080
2. Committee Name PETE MURDOCK CAMPAIGN

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name U.S. Postmaster Address Whittaker Rd - Ypsilanti, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage/Delivery</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/22/08</u> Date	<u>\$ 417.19</u> Click Here for Memo Itemization Type
Expenditure #2 Name U.S. Postmaster Address Whittaker Rd - Ypsilanti, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage/Delivery</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/29/08</u> Date	<u>\$ 418.22</u> Click Here for Memo Itemization Type
Expenditure #3 Name U.S. Postmaster Address S Adams - Ypsilanti, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage/Delivery</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/31/08</u> Date	<u>\$ 13.50</u> Click Here for Memo Itemization Type
Expenditure #4 Name Pub 13 Address 13 N Washington Ypsilanti MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Night Food</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/05/08</u> Date	<u>\$ 84.00</u> 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	\$932.91
Grand Total of all Schedules 1B (Complete on last page of Schedule)	\$1,655.12

Enter this total
on line 8a of
Summary Page



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

1. Committee I.D. Number C-2008-080
2. Committee Name PETE MURDOCK CAMPAIGN

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 endorser 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: Murdock, Pete J 504 N River Ypsilanti MI 48198	4. Type: <u>Cash</u> 5. <u>Date Debt Was Incurred:</u> <u>04/23/08</u> 6. <u>Original Amount of Debt:</u> <u>\$ 50.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>50.00</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: Murdock, Pete J 504 N River Ypsilanti MI 48198	4. Type: <u>Cash</u> 5. <u>Date Debt Was Incurred:</u> <u>5/29/2008</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1000.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>1000.00</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:	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) **\$1,050.00**

Grand Total of all Schedules 1E **\$1,050.00**
(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.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number C-2008-080

CANDIDATE COMMITTEE

2. Committee Name PETE MURDOCK CAMPAIGN

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Robert Kilpatrick 1459 Collegewood Ypsilanti, MI 48197 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Food</u> 5. Date Of Receipt: <u>08/05/08</u> 6. Vendor Name & Address: Sidetrack 56 E. Cross Ypsilanti MI 48198 <input type="checkbox"/> Fund Raiser Contribution	\$ <u>\$25.00</u> \$	Click Here for Memo Itemization
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Sandra French 5629 Pineview Dr Ypsilanti, MI 48197 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Food</u> 5. Date Of Receipt: <u>08/05/08</u> 6. Vendor Name & Address: Aubree's 39 E. Cross Ypsilanti MI 48198 <input type="checkbox"/> Fund Raiser Contribution	\$ <u>\$60.00</u> \$	Click Here for Memo Itemization
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Robert Kilpatrick 1459 Collegewood Ypsilanti, MI 48197 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: <input type="checkbox"/> Fund Raiser Contribution	\$ _____ \$ _____	Click Here for Memo Itemization

Page Subtotal **\$85.00**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$85.00**

Enter this total
on line 6 of Summary
Page



1. Committee I.D. Number C-2008-080

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name PETE MURDOCK CAMPAIGN

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>105.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$105.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$85.00</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$1,655.12</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>\$1,655.12</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>\$1,050.00</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>\$2,579.63</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$105.00</u>	
	(15.) = \$ <u>\$2,684.63</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$1,655.12</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$1,029.51</u> *	