



**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.

<p>1. Committee I.D. Number 38087</p> <p>2. Committee Name The Committee to Elect Christie Minervini</p> <p>5. Committee's Mailing Address 118 E. 17th Street #4 Traverse City, MI 49684</p> <p>Area Code and Phone (231) 218-4421 <small>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.</small></p>		<p>3. This Statement covers From: 10/21/19 to 11/25/19</p> <p>4. Candidate Last Name Minervini First Name Christiaane M.I. L.</p> <p>4a. Office Sought Including District # or Community Served (If applicable) Board Member - Local Traverse City City Commission - 2 year term</p> <p>4b. County of Residence GRAND TRAVERSE MI 561 115 522 263</p> <p>6. Treasurer's Name & Residential Address Marcia Lindberg 9658 E. Walkabout Ln Traverse City, MI 49684</p> <p>Area Code & Phone (231) 590-1294</p>	
<p>7. Treasurer's Business Address Stardust Memorials 807 Airport Access Rd Traverse City MI 49686</p> <p>Area Code and Phone (888) 872-0228</p>		<p>8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) n/a</p> <p>Area Code and Phone _____</p>	
<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary</p> <p><input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Convention</p> <p><input type="checkbox"/> Special</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus 11/05/2019</p>		<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly</p> <p><input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement (_____) 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. Dissolution of Candidate Committee</p> <p><input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution _____</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>	
<p>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.</p>			
<p>Current Treasurer or Designated Record keeper Marcia Lindberg</p> <p>Type or Print Name</p>		<p><i>Marcia Lindberg</i> Signature _____ Date 12/4/19</p>	
<p>Candidate Christie Minervini</p> <p>Type or Print Name</p>		<p><i>Christie Minervini</i> Signature _____ Date 12/4/19</p>	

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COUNTY OF GRAND TRAVERSE

DEC 04 2019

COUNTY CLERK



1. Committee I.D. Number 38087

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name The Committee to Elect Christie Minervini

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>75.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>75.00</u>	(18.) \$ <u>12905.19</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.26</u>	(19.) \$ <u>.94</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>75.26</u>	(20.) \$ <u>12906.13</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>901.95</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>2021.19</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>2021.19</u>	(23.) \$ <u>8758.89</u>
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.) \$ <u>n/a</u>	(24.) \$ <u>0</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>6093.17</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>75.26</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>6168.43</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2021.19</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>4147.24</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

38087

1. Committee I.D. Number _____
2. Committee Name The Committee To Elect Christie Minervini

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>10/27/19</u> Name & Address: <u>Joan Taylor</u> <u>6473 Keffer Rd</u> <u>Kingsley MI 49649</u>	75.00 \$ _____	150.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Marketing</u> Employer <u>National Writers Series</u> Business Address <u>1200 W 11th St, Suite 231, Traverse City MI 49684</u> 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 _____ 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	Click Here for Memo Itemization	
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	Click Here for Memo Itemization	
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	Click Here for Memo Itemization	

Page Subtotal **75.00**

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

75.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1**

CANDIDATE COMMITTEE

1. Committee I.D. Number 38087

2. Committee Name The Committee to Elect Christie Minervini

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: TBA Credit Union PO Box 1049 Traverse City MI 49685	Date of Receipt <u>11/1/19</u>	<input type="checkbox"/> Loan from a Lending Institution <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ <u>0.26</u>
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate Click for Memo Itemization Type <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Fund Raiser	\$ _____
Page Subtotal			0.26
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			0.26

Enter this total on
line 4 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 38087
2. Committee Name The Committee To Elect Christie Minervini

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name US Postal Service Address 202 S. Union St Traverse City MI 49684 <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/29/19</u> Date	\$ <u>525.00</u>
Expenditure #2 Name US Postal Service Address 202 S. Union St Traverse City MI 49684 <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/19</u> Date	\$ <u>35.00</u>
Expenditure #3 Name The Parlor Address 205 Lake Ave Traverse City MI 49684 <input type="checkbox"/> Fund Raiser	Purpose: <u>Food & Beverages</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/5/19</u> Date	\$ <u>188.68</u>
Expenditure #4 Name Traverse Connect PAC Address 202 E. Grandview Pkwy Traverse City MI 49684 <input type="checkbox"/> Fund Raiser	Purpose: <u>Return of contribution</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/20/19</u> Date	\$ <u>1000.00</u>
Expenditure #5 Name City of Traverse City Address 400 Boardman Ave Traverse City MI 49684 <input type="checkbox"/> Fund Raiser	Purpose: <u>Address Labels</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/5/19</u> Date	\$ <u>92.51</u>

Subtotal this page **1841.19**
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 38087
2. Committee Name The Committee To Elect Christie Minervini

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Mail Chimp Address 675 Ponce de Leon Ave NE #5000 Atlanta, GA 30308 <input type="checkbox"/> Fund Raiser	Purpose: <u>Email service</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/5/19</u> Date	\$ <u>180.00</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	180.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)	2021.19

Enter this total on line 8a of Summary Page