



**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: 07/21/2019 to 10/20/2019

1. Committee I.D. Number
38087

2. Committee Name
The Committee to Elect Christie Minervini

4. Candidate Last Name **Minervini** First Name **Christiaane** M.I. **L.**

4a. Office Sought Including District # or Community Served (If applicable)
Board Member - Local
Traverse City City Commission - 2 year term

4b. County of Residence **GRAND TRAVERSE** MI 561 115 522 263

5. Committee's Mailing Address
118 E. 17th Street #4
Traverse City, MI 49684

Area Code and Phone (231) 218-4421

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
Marcia Lindberg
9658 E. Walkabout Ln
Traverse City, MI 49684

Area Code & Phone (231) 590-1294

RECEIVED AND FILED
COUNTY OF GRAND TRAVERSE
OCT 24 2019
COUNTY CLERK

7. Treasurer's Business Address
Stardust Memorials
807 Airport Access Rd
Traverse City MI 49686

Area Code and Phone (888) 872-0228

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)
n/a

Area Code and Phone _____

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

Primary

General

Convention

Special

School

Caucus

Date of Election, Convention or Caucus
11/05/2019

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly

October Quarterly

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

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.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

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 Marcia Lindberg / Marcia Lindberg Signature Date 10/23/19

Candidate Christie Minervini / Christie Minervini Signature Date 10/23/19



1. Committee I.D. Number ~~1234567~~ 38087

2. Committee Name The committee to Elect
Christie M. Alevini

**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>12830.19</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>12830.19</u>	(18.) \$ <u>12830.19</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>.68</u>	(19.) \$ <u>.68</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>12830.87</u>	(20.) \$ <u>12830.87</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>901.95</u>	(21.) \$ <u>901.95</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ <u>0</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>6737.70</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>6737.70</u>	(23.) \$ <u>6737.70</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</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
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>12830.87</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>12830.87</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>6737.70</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>6093.17</u>	