



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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.

1. Committee I.D. Number 139850		3. This Statement covers From: 7/20/2020 to 8/24/2020	
2. Committee Name CTE Lorie Barnwell		4. Candidate Last Name Barnwell First Name Lorie M.I. W 4a. Office Sought Including District # or Community Served (If applicable) Macomb County Treasurer 4b. County of Residence Macomb	
5. Committee's Mailing Address 5182 Cutty Lane Warren, MI 48092 Area Code and Phone 810 394 1025 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 Lorie Barnwell 5182 Cutty Lane Warren, MI 48092 Area Code & Phone 810 394 1025	
7. Treasurer's Business Address 5182 Cutty Lane Warren, MI 48092 Area Code and Phone 810 394 1025		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) 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 08/04/2020		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 late 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 Lorie Barnwell Type or Print Name		[Signature] Signature	
Date 9/3/2020		Date 9/3/2020	
Candidate Lorie Barnwell Type or Print Name		[Signature] Signature	
Date 9/3/2020		Date 9/3/2020	

FILED
 20 SEP -3 PM 3:15
 MACOMB COUNTY CLERK
 MICHELE CLEMENS, MICHIGAN



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139850

2. Committee Name CTE Laurie Barnwell

RECEIPTS

3. Contributions

Column I
This Period

Column II
Cumulative this election cycle

a. Itemized (Schedule 1A - Column 6)

(3a.) \$ 6,652.87

b. Unitemized (less than \$20.01 each - no Schedule)

(3b.) \$ NOT APPLICABLE

c. Subtotal of "Contributions"

(3c.) \$ 6,652.87

(18.) \$ 85,475.87

4. Other Receipts (Schedule 1A -1, Column 6)

(4.) \$

(19.) \$

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS
(Add Line 3c + Line 4)

(5.) \$ 6,652.87

(20.) \$ 85,475.87

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-IK, Column 7)

(6.) \$ 0

(21.) \$ 0

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

(7.) \$ 0

(22.) \$ 0

EXPENDITURES

8. Expenditures

a. Itemized (Schedule 1B, Column 6)

(8a.) \$ 1,957.50

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.) \$ 1,957.50

(23.) \$ 18,294.62

**INCIDENTAL EXPENSE DISBURSEMENTS
(Officeholders Only)**

10. Disbursements

a. Itemized (Schedule 1C, Column 6)

(10a.) \$ 0

b. Unitemized (less than \$50.01 each - no Schedule)

(10b.) \$ 0

11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS
(Add Line 10a + Line 10b)

(11.) \$ 0

(24.) \$ 0

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 1E)

(12a.) \$ 55,163.87

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.) \$ 62,485.88

14. Amount received during reporting period
(Line 5, Total Contributions & Other Receipts)

(14.) + \$ 6,652.87

15. SUBTOTAL Add lines 13 and 14

(15.) = \$ 69,138.75

16. Amount expended during reporting period
(Add lines 9 and 11)

(16.) - \$ 1,957.50

17. ENDING BALANCE

(17.) \$ 67,181.25

(Subtract line 16 from line 15)

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONSITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

139850

2. Committee Name

CTE Larle Barnwell

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 regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)3. Contribution #1 PAC Receipt? ☐ YES

4. Date of Receipt 8/21/2020

Name & Address:

Larle Barnwell

5182 Cutty Lane Warren, MI 48092

\$277.87 \$55,163.87

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation Treasurer Employer City of Warren

Business Address 1 City Square Suite 200 Warren, MI 48093

Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser3. Contribution #2 PAC Receipt? ☒ YES

4. Date of Receipt 8/5/2020

Name & Address:

Michigan Regional Council of
Carpenters

\$500.00 \$10,000

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address 4100 Renaissance Center #1010 Detroit, MI 48243

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 08/5/2020

Name & Address:

Patrick Devlin

Livonia, MI

\$250.00 \$250.00

15799 South Hampton MI 48154

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation Sec/Treasurer Employer Michigan Building Trades

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser3. Contribution #4 PAC Receipt? ☒ YES

4. Date of Receipt 8/5/2020

Name & Address:

Plumbers Local 98 State PAC

700 Tower Drive Suite 300 Troy, MI 48098

\$500.00 \$500.00

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 6,027.87

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

6,652.87

Enter this total on
line 3a of Summary
Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONSITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE1. Committee I.D. Number 139850
2. Committee Name CTE Lorie BarnardEnter 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 regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES 4. Date of Receipt 8/5/2020
Name & Address:Stephen Wrobel
14728 Ben Brae Drive
Warren, MI 48088\$ 100.00 \$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Click Here for Memo Itemization

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 8/5/2020
Name & Address:milie Fawaz
614 601 F Crest Drive
Dearborn, MI\$ 250.00 \$ 250.00

5. If over \$100.00 cumulative, please provide:

Occupation Business Agent Employer MRCC

Click Here for Memo Itemization

Business Address 23401 mound Rd Warren, MI 48094Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 8/15/2020
Name & Address:Corey Bell
4060 Wilson Drive Port Huron, MI\$ 25.00 \$ 1,385.00

5. If over \$100.00 cumulative, please provide:

Occupation Retired Employer _____

Click Here for Memo Itemization

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 7/21/2020
Name & Address:Michael Chehab
38410 Westchester Rd Sterling Heights, MI\$ 100.00 \$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Click Here for Memo Itemization

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

475.00Grand Total of All Schedules 1A
(Complete on last page of Schedule)6,652.87Enter this total on
line 3a of Summary
Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONSITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

139850

2. Committee Name

CTE Lene Barnwell

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 regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution #1

PAC Receipt?

☐ YES

4. Date of Receipt

7/26/2020

Name & Address:

Leigh Benigni
2165 Walter Ct Warren,
MT

\$ 50.00

\$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Click Here for Memo Itemization

Business Address

Type of Contribution:

☒ Direct☐ Loan from a person☐ Fund Raiser

48092

3. Contribution #2

PAC Receipt?

☐ YES

4. Date of Receipt

8/4/2020

Name & Address

melody magee
25800 Timberline Drive
warren,
mt
48091

\$ 100.00

\$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Click Here for Memo Itemization

Business Address

Type of Contribution:

☒ Direct☐ Loan from a person☐ Fund Raiser

3. Contribution #3

PAC Receipt?

☐ YES

4. Date of Receipt

Name & Address:

\$

\$

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Click Here for Memo Itemization

Business Address

Type of Contribution:

☐ Direct☐ Loan from a person☐ Fund Raiser

3. Contribution #4

PAC Receipt?

☐ YES

4. Date of Receipt

Name & Address

\$

\$

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Click Here for Memo Itemization

Business Address

Type of Contribution:

☐ Direct☐ Loan from a person☐ Fund Raiser

Page Subtotal

150.00

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

6,652.87

Enter this total on
line 3a of Summary
Page.

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONSITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE1. Committee I. D. Number 139850
2. Committee Name CTE Lorie Barnwell

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Michigan Democratic Party</u> Address <u>606 Townsend St Lansing, MI 48933</u> ☐ Fund Raiser	Purpose: <u>VAN system access</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/18/2020</u> Date	<u>\$ 1500.00</u>
Expenditure #2 Name <u>Act Blue</u> Address <u>606 Townsend St Lansing, MI 48933</u> ☐ Fund Raiser	Purpose: <u>fundraising online collection</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/15/2020</u> Date	<u>\$ 14.63</u>
Expenditure #3 Name <u>United States Post Office</u> Address <u>(for September 17th)</u> ☒ Fund Raiser	Purpose: <u>fundraiser mailing stamps</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/21/2020</u> Date	<u>\$ 165.00</u>
Expenditure #4 Name <u>Copy Copy Center</u> Address <u>5371 Twelve mile Rd Warren, MI</u> ☐ Fund Raiser	Purpose: <u>mailing labels for fundraiser mailer</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/21/2020</u> Date	<u>\$ 33.75</u>
Expenditure #5 Name <u>American Graphics Printing</u> Address <u>34895 Groesbeck Hwy Clinton Twp, MI</u> ☒ Fund Raiser	Purpose: <u>Fundraiser letter and envelopes</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/20/2020</u> Date	<u>\$ 244.12</u>

Subtotal this page

1957.50Grand Total of all Schedules 1B
(Complete on last page of Schedule)1957.50Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number

139850

2. Committee Name

CTE Lorie Barnwell

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.

Debt #1 Corp? ☐ Yes
Owed to or by:

owed to:
Lorie Barnwell
5182 Cnty Lane
Warren, MI 48092
owed by: CTE Lorie Barnwell

4. Type of Obligation (Description)

5. Indicate date debt was incurred

6. Indicate original amount of debt

4. Type: loan from candidate
5. Date Debt Was Incurred: 5/8/2020 and 8/21/2020
6. Original Amount of Debt: \$54,886.00

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)

\$

\$277.87

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #2 Corp? ☐ Yes
Owed to or by:

4. Type:

5. Date Debt Was Incurred:

6. Original Amount of Debt:

\$

\$

\$

\$

\$

\$

\$

\$

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #3 Corp? ☐ Yes
Owed to or by:

4. Type:

5. Date Debt Was Incurred:

6. Original Amount of Debt:

\$

\$

\$

\$

\$

\$

\$

\$

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Page Subtotal (Outstanding debt)

277.87

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

55,163.87

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.