

FILED

20 JUL 24 AM 9:30

MACOMB COUNTY CLERK
JIM CLEMENS, MICHIGAN



**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 <u>139938</u> 2. Committee Name <u>CTE Antionette Wallace</u> 5. Committee's Mailing Address <u>124 Bellevue</u> <u>Nt. Clemens MI 48043</u> Area Code and Phone <u>586-722-8645</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. 7. Treasurer's Business Address <u>3310 W Big Beaver Rd</u> <u># 105</u> <u>Troy, MI 48064</u> Area Code and Phone <u>313-443-1630</u>		3. This Statement covers From: <u>4/21/20</u> to <u>7/19/20</u> 4. Candidate Last Name <u>Wallace</u> First Name <u>Antionette</u> MI. 4a. Office Sought Including District = or Community Served (If applicable) <u>County Commissioner District 9</u> 4b. County of Residence <u>Macomb</u> 6. Treasurer's Name & Residential Address <u>Marnette Cobb</u> <u>40396 Aynesley</u> <u>Clinton Twp MI 48035</u> Area Code & Phone <u>313-443-1630</u> 8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) <u>Santoya Herring</u> <u>17635 Oakdale</u> <u>Roseville MI 48066</u> Area Code and Phone <u>586-443-6682</u>	
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 <u>8-4-20</u>		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 <u>Santoya Herring</u> Type or Print Name Signature Date <u>7-21-20</u>		Candidate <u>Antionette Wallace</u> Type or Print Name Signature Date <u>7-21-20</u>	

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

20 JUL 24 AM 9:30

FILED

7-21-20



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1 Committee I D Number 139938

2 Committee Name CTE Antionette Walker

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS

3. Contributions

a. Itemized (Schedule 1A - Column 6)

(3a.) \$ 3,755.00

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

(3b.) \$ NOT APPLICABLE

c. Subtotal of "Contributions"

(3c.) \$ 3,755.00

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

(4.) \$ 0

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

(5.) \$ 3,755.00

Column I
This Period

Column II
Cumulative this election cycle

(18.) \$ _____

(19.) \$ _____

(20.) \$ _____

IN-KIND CONTRIBUTIONS & EXPENDITURES

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

(6.) \$ 996.76

(21.) \$ _____

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

(7.) \$ 0

(22.) \$ _____

EXPENDITURES

8. Expenditures

a. Itemized (Schedule 1B, Column 6)

(8a.) \$ 4093.60

b. Itemized Get-Out-the-Vote (Schedule 1B-G)

(8b.) \$ 0

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

(8c.) \$ 0

9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)

(9.) \$ 4093.60

(23.) \$ _____

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.) \$ _____

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 1E)

(12a.) \$ 982.70

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.) \$ 0

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

(14.) + \$ 3,755.00

15. SUBTOTAL Add lines 13 and 14

(15.) = \$ 3,755.00

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

(16.) - \$ 4,093.60

17. ENDING BALANCE
(Subtract line 16 from line 15)

(17.) \$ -338.60



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number

139938

2. Committee Name

Committee to elect Antionette Wallace

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 7-10-20

Name & Address:

James Shay
50668 Russell Dr.
Macomb MI 48044

\$ 50.00

\$ 50.00

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

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 7-8-20

Name & Address:

Suntoya Herring
17635 Oakdale
Roseville MI 48066

\$ 50.00

\$ 139.86

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

Click Here for Memo Itemization

Occupation Tax Preparer Employer Sunshine Tax Services

Business Address 17635 Oakdale Roseville MI 48066

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

3. Contribution #3 PAC Receipt? ☒ YES

4. Date of Receipt 6-23-20

Name & Address:

Realtors Political Action Committee of MI
720 N. Washington Ave
Lansing MI 48906

\$ 500.00

\$ 500.00

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

Click Here for Memo Itemization

Occupation Realty Employer National Association of Realtors

Business Address 720 N. Washington Ave, Lansing MI 48906

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

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 5-26-20

Name & Address:

Antionette Wallace
124 Bellevue
Mt. Clemens MI 48043

\$ 1800

\$ 1960.00

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

Click Here for Memo Itemization

Occupation Realtor Employer Antionette Wallace Realtor

Business Address 124 Bellevue, Mt. Clemens MI 48043

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

Page Subtotal

2480

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 139938
2. Committee Name CTE Antionette Walkie

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? ☐ YES Name & Address: <u>Keila Brown</u> <u>209 Gardner Cove</u> <u>Cibola TX 78108</u>	4. Date of Receipt <u>6-27-20</u>	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES Name & Address: <u>Preston Reynolds</u> <u>72 Rosebud Lane</u> <u>Mt. Clemens MI 48043</u>	4. Date of Receipt <u>6-27-20</u>	<u>\$ 20.00</u>	<u>\$ 20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? ☐ YES Name & Address: <u>Ruthie Stevens</u> <u>601 Bayview St</u> <u>Mt. Clemens MI 48043</u>	4. Date of Receipt <u>5-26-20</u>	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? ☐ YES Name & Address: <u>Marnette Cobb</u> <u>40396 Arnesley</u> <u>Clinton Twp MI 48038</u>	4. Date of Receipt <u>5-17-20</u>	<u>\$ 100.00</u>	<u>\$ 100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Realtor</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

300.00

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 139938
2. Committee Name CTE Antionette Wallace

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 6-16-20

Name & Address

Antionette Wallace
124 Bellevue
Mt. Clemens MI 48043

\$ 400.00 \$ 2360

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

Occupation Realtor Employer Antionette Wallace Realtor

Business Address 124 Bellevue Mt. Clemens MI 48043

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

Click Here for Memo Itemization
To be paid back
to Antionette Wallace
for fundraiser expense

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 5-16-20

Name & Address

Barbara Sosnowski
45420 Inverness Circle
Macomb MI 48044

\$ 25.00 \$ 25.00

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

Occupation _____ Employer _____

Business Address _____

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

Click Here for Memo Itemization

3. Contribution # 3 PAC Receipt? ☐ YES

4. Date of Receipt 7-10-20

Name & Address

Dr. Sherman Cottingham
17488 Canassack Dr.
Clinton Twp MI 48038

\$ 100.00 \$ 100.00

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

Occupation _____ Employer _____

Business Address _____

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

Click Here for Memo Itemization

3. Contribution # 4 PAC Receipt? ☐ YES

4. Date of Receipt _____

Name & Address

\$ _____ \$ _____

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

Occupation _____ Employer _____

Business Address _____

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

Click Here for Memo Itemization

Page Subtotal

525.00

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

139938

2. Committee Name

CTE Antionette Wallace

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

6-15-20

Name & Address:

Shardae Collier
1901 Walden St. Apt 201
Clinton Twp, MI 48038

\$ 50.00

\$ 50.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2

PAC Receipt? ☐ YES

4. Date of Receipt

6-15-20

Name & Address

Dontae Walker
163 North River Ct.
Mt. Clemens MI 48043

\$ 30.00

\$ 30.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 3

PAC Receipt? ☐ YES

4. Date of Receipt

6-19-20

Name & Address:

Reola Hammond
17325 Sprenger
Eastpointe MI 48021

\$ 50.00

\$ 50.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution # 4

PAC Receipt? ☐ YES

4. Date of Receipt

6-23-20

Name & Address

Lisa Brooks
43480 Meadows Ct
Clinton Twp MI 48038

\$ 40.00

\$ 40.00

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

Occupation _____ Employer _____

Business Address _____

Type of Contribution

☒ Direct

☐ Loan from a person

☐ Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal

170.00

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

139938

2. Committee Name

CTE Antionette Wallace

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

6-27-20

Name & Address:

Cheryl & Gary Burnett
39161 Chantilly Dr
Sterling Hts. MI 48313

\$ 15.00

\$ 15.00

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 #2

PAC Receipt? ☐ YES

4. Date of Receipt

6-2-20

Name & Address

Ebony Jamison
5048 Hurlbut St.
Detroit MI 48213

\$ 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

3. Contribution #3

PAC Receipt? ☐ YES

4. Date of Receipt

6-10-20

Name & Address:

Jerald Rosen
200 Moross
Mt. Clemens MI 48043

\$ 250.00

\$ 250.00

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 #4

PAC Receipt? ☐ YES

4. Date of Receipt

6-10-20

Name & Address

Joel Rutherford
5683 Storrow Court
Warren MI 48092

\$ 25.00

\$ 25.00

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

340.00

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

3,755.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 139938

2. Committee Name CTE Antionette Wallace

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 all in-kind contributions	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 PAC Receipt? ☐ Yes Name & Address: <u>Marnette Cobb</u> <u>40396 Arnesley</u> <u>Clinton Twp MI 48038</u> If over \$100.00 cumulative, please provide: Occupation: <u>Realtor</u> Employer Name & Business Address: <u>Brookstone Realty</u> <u>3310 W Big Beaver Rd</u> <u>Troy MI 48064</u> ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description: <u>Food</u> 5. Date Of Receipt: <u>6-25-20</u> 6. Vendor Name & Address: <u>GFS</u>	\$ <u>175.90</u>	\$ <u>175.90</u>
Contribution #2 PAC Receipt? ☐ Yes Name & Address: <u>Suntaya Herring</u> <u>17635 Oakdale</u> <u>Roseville MI 48066</u> If over \$100.00 cumulative, please provide: Occupation: <u>Tax Preparer</u> Employer Name & Address: <u>Sunshine Tax Services</u> <u>17635 Oakdale</u> <u>Roseville MI 48066</u> ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description: <u>Charcoal & Fluid</u> 5. Date Of Receipt: <u>6-25-20</u> 6. Vendor Name & Address: <u>Lowe's</u> <u>35115 Gratiot</u> <u>Clinton Twp MI 48035</u>	\$ <u>48.06</u>	\$ <u>48.06</u>
Contribution #3 PAC Receipt? ☐ Yes Name & Address: <u>Suntaya Herring</u> <u>17635 Oakdale</u> <u>Roseville MI 48066</u> If over \$100.00 cumulative, please provide: Occupation: <u>Tax Preparer</u> Employer Name & Address: <u>Sunshine Tax Services</u> <u>17635 Oakdale</u> <u>Roseville MI 48066</u> ☒ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description: <u>Food</u> 5. Date Of Receipt: <u>6-25-20</u> 6. Vendor Name & Address: <u>Sams club</u> <u>Roseville MI 48066</u>	\$ <u>31.80</u>	\$ <u>79.86</u>

Page Subtotal

155.76

303.82

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 139938
2. Committee Name CTE Antionette Wallace

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 all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: <u>Rhonda Powell</u> <u>22138 Chatsford Circuit</u> <u>Southfield MI 48034</u> If over \$100.00 cumulative, please provide: Occupation: <u>Director</u> Employer Name & Business Address: <u>O'Neal-Powell & Associates</u> <u>22138 Chatsford Circuit</u> <u>Southfield MI 48034</u> ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description: <u>website domain</u> 5. Date Of Receipt: <u>5-15-20</u> 6. Vendor Name & Address: Click Here for Memo Itemization	\$ <u>294.00</u>	\$ <u>419.00</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: <u>Rhonda Powell</u> <u>22138 Chatsford Circuit</u> <u>Southfield MI 48034</u> If over \$100.00 cumulative, please provide: Occupation: <u>Director</u> Employer Name & Address: <u>O'Neal-Powell & Associates</u> <u>22138 Chatsford Circuit</u> <u>Southfield MI 48034</u> ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description: <u>Graphic Design</u> 5. Date Of Receipt: <u>5-8-20</u> 6. Vendor Name & Address: Click Here for Memo Itemization	\$ <u>125.00</u>	\$ <u>125.00</u>
Contribution #3 PAC Receipt? ☐ Yes Name & Address: <u>Antionette Wallace</u> <u>134 Bellevue</u> <u>Wt. Clemens MI 48043</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description: <u>Statement of organization fee</u> 5. Date Of Receipt: <u>5-1-20</u> 6. Vendor Name & Address: Click Here for Memo Itemization	\$ <u>100.00</u>	\$ <u>100.00</u>

Page Subtotal 519 644

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 139938

2. Committee Name CTE Antionette Wallace

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 all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 PAC Receipt? ☐ Yes Name & Address: <u>Antionette Wallace</u> <u>124 Bellevue</u> <u>Mt. Clemens MI 48043</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>Furns for Dems</u> 5. Date Of Receipt: <u>5-20-20</u> 6. Vendor Name & Address:	\$ <u>50.00</u>	\$ <u>160.00</u>
Click Here for Memo Itemization <u>Stop check for \$10. for this organization posted on expenditures</u>			
☐ Fund Raiser Contribution			
Contribution #2 PAC Receipt? ☐ Yes Name & Address: <u>Antionette Wallace</u> <u>124 Belle View</u> <u>Mt. Clemens MI 48043</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>Voters list</u> 5. Date Of Receipt: <u>5-10-20</u> 6. Vendor Name & Address:	\$ <u>10.00</u>	\$ <u>110.00</u>
Click Here for Memo Itemization			
☐ Fund Raiser Contribution			
Contribution #3 PAC Receipt? ☐ Yes Name & Address: <u>Denise Couch</u> <u>545 Clinton River Dr.</u> <u>Mt. Clemens MI 48043</u> If over \$100.00 cumulative, please provide: Occupation: <u>Retired</u> Employer Name & Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>Food</u> 5. Date Of Receipt: <u>6-27-20</u> 6. Vendor Name & Address:	\$ <u>135.00</u>	\$ <u>135.00</u>
Click Here for Memo Itemization			
☒ Fund Raiser Contribution			

Page Subtotal

195

405

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 139038
2. Committee Name CTE Antonette Wallace

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 all in-kind contributions	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: <u>Markeda Landrum</u> <u>143 S. Ave</u> <u>Mt. Clemens MI 48043</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>Food & Dessert</u> 5. Date Of Receipt: <u>6-27-20</u> 6. Vendor Name & Address:	\$ <u>50.00</u>	\$ <u>50.00</u>
Click Here for Memo Itemization			
☒ Fund Raiser Contribution Contribution # 2 PAC Receipt? ☐ Yes Name & Address: <u>Antonette Wallace</u> <u>124 Bellevue</u> <u>Mt. Clemens MI 48043</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <u>Antonette Wallace Realtor</u> <u>124 Bellevue</u> <u>Mt. Clemens MI 48043</u>	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>Door hangers</u> 5. Date Of Receipt: <u>7-16-20</u> 6. Vendor Name & Address:	\$ <u>52.00</u>	\$ <u>2412.00</u>
Click Here for Memo Itemization			
☐ Fund Raiser Contribution Contribution #3 PAC Receipt? ☐ Yes Name & Address: <u>Antonette Wallace</u> <u>124 Bellevue</u> <u>Mt. Clemens MI 48043</u> If over \$100.00 cumulative, please provide: Occupation: <u>Realtor</u> Employer Name & Address: <u>Antonette Wallace Realtor</u> <u>124 Bellevue</u> <u>Mt. Clemens MI 48043</u>	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>Card Stock Paper</u> 5. Date Of Receipt: <u>7-16-20</u> 6. Vendor Name & Address:	\$ <u>25.00</u>	\$ <u>2437.00</u>
Click Here for Memo Itemization			

Page Subtotal 127.00 4,899

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) 996.76

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139038
2. Committee Name CTE Antonette Wallace

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name: <u>Meijer</u> Address: <u>40445 S. Groesbeck Hwy</u> <u>Clinton Twp MI 48036</u> ☒ Fund Raiser	Purpose: <u>BBQ fundraiser</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/22/20</u> Date	<u>\$ 25.14</u>
Expenditure #2 Name: <u>Sams club</u> Address: <u>31720 Gratiot</u> <u>Roseville MI 48066</u> ☒ Fund Raiser	Purpose: <u>BBQ fundraiser</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/22/20</u> Date	<u>\$ 61.08</u>
Expenditure #3 Name: <u>Dearborn Lithograph</u> Address: <u>12380 globe st.</u> <u>Livonia MI 48150</u> ☐ Fund Raiser	Purpose: <u>Postcards</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/22/20</u> Date	<u>\$ 185.25</u>
Expenditure #4 Name: <u>Postmaster, united States</u> Address: <u>155 S. main</u> <u>Mt. Clemens MI 48043</u> ☐ Fund Raiser	Purpose: <u>Post cards mailing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/24/20</u> Date	<u>\$ 214.01</u>
Expenditure #5 Name: <u>Sams club</u> Address: <u>31720 Gratiot Ave</u> <u>Roseville MI 48066</u> ☒ Fund Raiser	Purpose: <u>BBQ fundraiser</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/24/20</u> Date	<u>\$ 82.64</u>

Subtotal this page

568.12

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 139938
2. Committee Name CTE Antionette Wallace

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name: <u>Farmers Market Meats</u> Address: <u>1445 Adelaide</u> <u>Detroit MI 48207</u> ☒ Fund Raiser	Purpose: <u>BBQ fundraiser</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/25/20</u> Date Click Here for Memo Itemization Type	\$ <u>214.50</u>
Expenditure #2 Name: <u>GFS</u> Address: <u>34300 S. Gratiot</u> <u>Clinton Twp MI 48035</u> ☒ Fund Raiser	Purpose: <u>BBQ fundraiser</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u> </u> Date Click Here for Memo Itemization Type	\$ <u>25.24</u>
Expenditure #3 Name: <u>Kroger</u> Address: <u>26130 Gratiot Ave</u> <u>Roseville MI 48066</u> ☒ Fund Raiser	Purpose: <u>BBQ fundraiser</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/29/20</u> Date Click Here for Memo Itemization Type	\$ <u>36.68</u>
Expenditure #4 Name: <u>First Independence Bank</u> Address: <u>38880 Garfield</u> <u>Clinton Twp MI 48038</u> ☐ Fund Raiser	Purpose: <u>Stop payment fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/1/20</u> Date Click Here for Memo Itemization Type <u>Fees for Debits</u>	\$ <u>10.00</u>
Expenditure #5 Name: <u>Act blue</u> Address: <u>P.O Box 441146</u> <u>Somerville, MA 02144-0031</u> ☐ Fund Raiser	Purpose: <u>fee's</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/3/20</u> Date Click Here for Memo Itemization Type	\$ <u>9.23</u>

Subtotal this page

295.65

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

139938

2. Committee Name

CTE Antonette Wallact

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Deluxe</u> Address <u>P.O BOX 4656</u> <u>Carol Stream IL 60197</u> ☐ Fund Raiser	Purpose <u>checks for account</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/8/20</u> Date	<u>\$ 112.36</u>
Expenditure #2 Name <u>Dearborn Litho</u> Address <u>12380 Globe St</u> <u>Livonia MI 48150</u> ☐ Fund Raiser	Purpose <u>Postcards</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/11/20</u> Date	<u>\$ 784.40</u>
Expenditure #3 Name <u>Lowes</u> Address <u>1716 Gratiot</u> <u>Clinton Twp MI</u> ☐ Fund Raiser	Purpose <u>Sign Stakes</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/12/20</u> Date	<u>\$ 31.48</u>
Expenditure #4 Name <u>Office Max</u> Address <u>33840 S. Gratiot</u> <u>Clinton Twp MI 48035</u> ☐ Fund Raiser	Purpose <u>Stick Paper</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/16/20</u> Date	<u>\$ 19.49</u>
Expenditure #5 Name <u>American Printing Co</u> Address <u>34895 Groesbeck Hwy</u> <u>Clinton Twp MI 48035</u> ☐ Fund Raiser	Purpose <u>Lawn Signs</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/8/20</u> Date	<u>\$ 1102.40</u>

Subtotal this page

2086.13

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

139938

2. Committee Name

CTE Antionette Wallace

3 Name and address of person or vendor to whom paid	4 Purpose (Required Information)	5 Date	6 Amount
Expenditure #1 Name <u>U.S. Postal Service</u> Address <u>155 S. Main St.</u> <u>Mt. Clemens MI 48043</u> ☐ Fund Raiser	Purpose: <u>Postage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/26/20</u> Date Click Here for Memo Itemization Type <u>to be paid back to Antionette Wallace</u>	<u>\$ 532.70</u>
Expenditure #2 Name <u>Pay Pal</u> Address <u>2211 North First St.</u> <u>San Jose, CA 95131</u> ☐ Fund Raiser	Purpose: <u>Fees</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-3-20</u> Date Click Here for Memo Itemization Type	<u>\$ 4.23</u>
Expenditure #3 Name <u>Office Depot</u> Address <u>19001 E. 9 mile Rd</u> <u>Eastpointe MI 48021</u> ☐ Fund Raiser	Purpose: <u>Canvassing Printouts</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-13-20</u> Date Click Here for Memo Itemization Type	<u>\$ 99.64</u>
Expenditure #4 Name <u>American Graphics</u> Address <u>34895 Grovesbeck</u> <u>Clinton Twp MI 48035</u> ☐ Fund Raiser	Purpose: <u>Lawn Signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/24/20</u> Date Click Here for Memo Itemization Type	<u>\$ 457.13</u>
Expenditure #5 Name Address ☐ Fund Raiser	Purpose ☐ 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

1143.70

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

4093.60

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number

139938

2. Committee Name

CTE Antionette wallace

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? ☐ Yes Owed to or by: <u>Antionette wallace</u> <u>124 Bellevue</u> <u>Mt. Clemens Mi 48043</u>	4. Type: <u>Cash Deposit for fund dinner</u> 5. <u>Date Debt Was Incurred:</u> <u>6-16-20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 400.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>400.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____	Amount Endorsed: \$ _____			
Debt #2 Corp? ☐ Yes Owed to or by: <u>Antionette wallace</u> <u>124 Bellevue</u> <u>Mt. Clemens Mi 48043</u>	4. Type: <u>Postage</u> 5. <u>Date Debt Was Incurred:</u> <u>5-26-20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 582.70</u>	\$ \$ \$ \$ \$	\$	\$ <u>582.70</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____	Amount Endorsed: \$ _____			
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____	Amount Endorsed: \$ _____			

Page Subtotal (Outstanding debt)

982.70

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

982.70

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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number

139938

2. Committee Name

CTE Antonette Wallace

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>6-27-20</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>62</u>	5. Type of Fund Raising Activity <u>Selling of BBQ dinners</u>	6. Address and Name (If any) of the place where the activity was held. ☒ Private Residence
--	---	---	--

7. Total Contributions

1,278

8. Other Receipts

9. Gross Receipts (Add lines 7 and 8)

1,278

10. Total Cost of Event

(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

786.04

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)

Contribution Split
(%)

Expenditure Split
(%)

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-1K), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.