



1
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 ID Number 139938		3 This Statement covers From 7-20-20 to 9-24-20	
2 Committee Name CTE Antionette wallace		4 Candidate Last Name Wallace First Name Antionette MI L 4a Office Sought Including District # or Community Served (if applicable) County Commissioner, District 9	
5 Committee's Mailing Address 124 Bellevue Mt. Clemens MI 48043 Area Code and Phone 586-467-5908 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		4b County of Residence Macomb 6 Treasurer's Name & Residential Address Marnette Cobb 40396 Aynestey Clinton Twp MI 48038 Area Code & Phone 313-443-1630	
7 Treasurer's Business Address 3310 Big beaver, w #105 Troy MI 48064 Area Code and Phone 313-443-1630		8 Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Suntoya Herring 17635 Oakdale Roseville MI 48066 Area Code and Phone 586-443-6682	
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 8-4-20		9c ☐ Annual Statement () Coverage Year 9d ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) Required ONLY if candidate is not on the ballot for the current year ☐ July Quarterly ☐ October Quarterly 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 Suntoya Herring Type or Print Name		Signature Suntoya Herring Date 9-3-20	
Candidate Antionette Wallace Type or Print Name		Signature Antionette Wallace Date 9-3-20	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1 Committee I.D. Number 139938

2 Committee Name CTE Antionette Wallace

**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>1,725</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c) \$	<u>1,725</u>	(18) \$
4 Other Receipts (Schedule 1A-1, Column 6)	(4) \$		(19) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5) \$	<u>1,725</u>	(20) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6 In-Kind Contributions (Schedule 1-IK, Column 7)	(6) \$	<u>530.55</u>	(21) \$
7 In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7) \$		(22) \$
EXPENDITURES			
8 Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a) \$	<u>2,549.74</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>2,549.74</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>982.70</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>862.80</u>	
14 Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14) + \$	<u>1,725.00</u>	
15 SUBTOTAL Add lines 13 and 14	(15) = \$	<u>2,587.80</u>	
16 Amount expended during reporting period (Add lines 9 and 11)	(16) - \$	<u>2,549.74</u>	
17 ENDING BALANCE (Subtract line 16 from line 15)	(17) \$	<u>38.06</u>	



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1 Committee ID Number

139938

2 Committee Name

CTE Antonette 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	7-14-20
Name & Address Lisa Brooks 43480 Meadows Ct. Clinton Twp MI 48038		\$ 5.-	
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization fun run	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3 Contribution = 2	PAC Receipt? ☐ YES	4 Date of Receipt	7-14-20
Name & Address Terrence Brooks 43480 Meadows Ct. Clinton Twp 48038		\$ 10.-	
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization fun run	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3 Contribution = 3	PAC Receipt? ☐ YES	4 Date of Receipt	7-14-20
Name & Address Travis Brooks 43480 Meadows Ct. Clinton Twp 48038		\$ 5.-	
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization fun run	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3 Contribution = 4	PAC Receipt? ☐ YES	4 Date of Receipt	7-19-20
Name & Address Derrick Kelly 18766 Brighton Dr. Macomb MI 48042		\$ 25.-	
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization fun run	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal

45.-

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

Enter this total on
line 3a of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1 Committee I.D. Number

139938

2 Committee Name

CTE Antoniette 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 7-17-20

Name & Address

Elijah Cobb
40396 Arnesley
Clinton Twp MI 48038

\$ 5.- \$ 5.-

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

fun run

3 Contribution #2 PAC Receipt? ☐ YES

4 Date of Receipt 7-16-20

Name & Address

Antoniette wallace
124 Bellevue
mt. clemens 48043

\$ 5.- \$ _____

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

fun run

3 Contribution #3 PAC Receipt? ☐ YES

4 Date of Receipt 7-16-20

Name & Address

Regenei wallace
124 Bellevue
mt. clemens MI 48043

\$ 5.- \$ 5.-

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

fun run

3 Contribution #4 PAC Receipt? ☐ YES

4 Date of Receipt 7-16-20

Name & Address

Azalyah wallace
124 Bellevue
mt. clemens 48043

\$ 5.00 \$ 5.-

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

fun run

Page Subtotal

20.-

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

Enter this total on
line 3a of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1 Committee I D Number

139938

2 Committee Name

CTE Antoinette Walker

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

Name & Address

Wanda Goodrough
11 Michigan
Mt. Clemens MI 48043

\$ 40.-

\$

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

Art

3 Contribution = 2 PAC Receipt? ☐ YES

4 Date of Receipt

Name & Address

Marnette Cobb
40396 Aynesley
Clinton twp MI 48038

\$ 5.-

\$

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

Fun run

3 Contribution = 3 PAC Receipt? ☐ YES

4 Date of Receipt

Name & Address

William Cobb
40396 Aynesley
Clinton twp MI 48038

\$ 5.-

\$

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

Fun run

3 Contribution = 4 PAC Receipt? ☐ YES

4 Date of Receipt

Name & Address

Faith Cobb
40396 Aynesley
Clinton twp MI 48038

\$ 5.-

\$

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

Fun run

Page Subtotal

55.-

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

Enter this total on
line 3a of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1 Committee ID 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

7-18-20

Name & Address

Marice Wallace
124 Bellevue
Mt. Clemens MI 48043

\$ 5.00

\$

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

fun run

3 Contribution #2 PAC Receipt? ☐ YES

4 Date of Receipt

7-17-20

Name & Address

Shardae Collier
19001 Walden
Clinton Twp MI 48038

\$ 5.00

\$

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

fun run

3 Contribution #3 PAC Receipt? ☐ YES

4 Date of Receipt

7-30-20

Name & Address

Santofa Herring
17635 Oakdale
Roseville MI 48066

\$ 20.00

\$

20.00

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

fun run

3 Contribution #4 PAC Receipt? ☐ YES

4 Date of Receipt

7-17-20

Name & Address

Shamar Collier
19001 Walden
Clinton Twp MI 48038

\$ 5.00

\$

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

35.-

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

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Enter this total on
line 3a of Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1 Committee ID Number 139938
2 Committee Name CTE Antionette Walker

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 <u>7-19-20</u> Name & Address: <u>Dawnte Hannah</u> <u>24791 crocker blvd</u> <u>Harrison Twp MI 48045</u> 6. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>20.-</u>	Click Here for Memo Itemization <u>fun run</u>
3 Contribution #2 PAC Receipt? ☐ YES 4 Date of Receipt <u>7-19-20</u> Name & Address: <u>Shardae Collier</u> <u>19001 Walden</u> <u>Clinton Twp MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>30.-</u>	Click Here for Memo Itemization <u>fun run</u>
3 Contribution #3 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
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

50.-

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

Enter this total on
line 3a of Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I D Number 139938
2. Committee Name CTE Antoinette Wilson

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 <u>7-24-20</u> Name & Address <u>E Pony Jamison</u> <u>504 S Harbor St</u> <u>Detroit MI 48213</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>20.-</u>	
		Click Here for Memo Itemization <u>art</u>	
3. Contribution = 2 PAC Receipt? ☐ YES 4. Date of Receipt <u>7-24-20</u> Name & Address <u>Stacy Muni2</u> <u>Eastpointe MI 48021</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>10.-</u>	
		Click Here for Memo Itemization <u>art</u>	
3. Contribution = 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>7-24-20</u> Name & Address <u>Phil Gilchrist</u> <u>mt. Clemens MI 48043</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>20.-</u>	
		Click Here for Memo Itemization <u>art</u>	
3. Contribution = 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>7-24-20</u> Name & Address <u>Terri North</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>20.-</u>	
		Click Here for Memo Itemization <u>art</u>	

Page Subtotal

70

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

Enter this total on
line 3a of Summary
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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

Committee Number 139938
Committee Name CTE Antionette Walker

Enter the name, address, and address of the person, firm, or individual who made the contribution. Check the box to indicate if contribution is from a Political Committee or an Independent Expenditure (PAC). Report all contributions regardless of amount.

6 Amount

7 Cumulative Total
Enter Code for Each
Contribution Through
Date of Receipt

3 Contribution #1 PAC Receipt? ☐ YES 4 Date of Receipt 7-24-20
Name & Address Michelle Clark

\$ 60.-

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

art

3 Contribution #2 PAC Receipt? ☐ YES 4 Date of Receipt 7-24-20
Name & Address Lynette Kincaide

\$ 40.-

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

art

3 Contribution #3 PAC Receipt? ☐ YES 4 Date of Receipt 7-24-20
Name & Address Qiana Brown

\$ 80.-

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

art

3 Contribution #4 PAC Receipt? ☐ YES 4 Date of Receipt 7-24-20
Name & Address Tiffany Moore

\$ 40.-

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

art

Page Subtotal

220

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

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line 3a of Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1 Committee ID Number

139938

2 Committee Name

CTE Antonette 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

7-24-20

Name & Address

Jane' Kazez

21841 Laurel

Clinton Township, MI 48035

\$ 20.00

\$ 20.00

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

7-22-20

Name & Address

Montoya Harris

28920 Hollywood St

Roseville MI 48066

\$ 20.00

\$ 20.00

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

7-23-20

Name & Address

Katherine Randolph

37505 Devoe

Charter Twp of Clinton MI 48036

\$ 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

3 Contribution # 4

PAC Receipt?

☐ YES

4 Date of Receipt

7-24-20

Name & Address

Alescia Hollowell

3800 Harvard

Detroit MI 48224

\$ 135.00

\$ 135.00

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

Occupation

Public Health

Employer

Henry Ford

[Click Here for Memo Itemization](#)

Business Address

1 Ford Place, Detroit MI 48202

Type of Contribution

☐ Direct

☐ Loan from a person

☒ Fund Raiser

Page Subtotal

260. -

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

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line 3a of Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1 Committee ID Number

139938

2 Committee Name

CITE 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 <u>7-24-20</u> Name & Address <u>Terri North</u> <u>42668 Elizebeth Place</u> <u>Clinton Twp MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>35.00</u>	\$ <u>35.00</u>
		Click Here for Memo Itemization <u>art</u>	
3 Contribution #2 PAC Receipt? ☐ YES 4 Date of Receipt <u>7-24-20</u> Name & Address <u>Marnette Cobb</u> <u>40396 Agnesley</u> <u>Clinton Twp MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>50.00</u>	\$ <u>55.00</u>
		Click Here for Memo Itemization <u>art</u>	
3 Contribution # 3 PAC Receipt? ☐ YES 4 Date of Receipt <u>7-24-20</u> Name & Address <u>Kimberly Jones</u> <u>23416 Berg Rd.</u> <u>Southfield MI 48033</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>40.00</u>	\$ <u>40.00</u>
		Click Here for Memo Itemization <u>art</u>	
3 Contribution # 4 PAC Receipt? ☐ YES 4 Date of Receipt <u>7-24-20</u> Name & Address <u>Shardae Collier</u> <u>19001 Walden Apt 201</u> <u>Clinton Twp MI 48038</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>30.00</u>	\$ <u>65.00</u>
		Click Here for Memo Itemization <u>art</u>	

Page Subtotal

155.-

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

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line 3a of Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1 Committee ID 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.

5. Amount

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

3. Contribution #1 PAC Receipt? ☐ YES

4. Date of Receipt 7-26-20

Name & Address

Sharrone Ingram
23708 Brihany Ave
Eastpointe MI 48021

\$ 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

art

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 8-6-20

Name & Address

Teri Denning
25196 Independence Trail
Warren MI 48089

\$ 25.00

\$ 25.00

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 #3 PAC Receipt? ☐ YES

4. Date of Receipt 7-21-20

Name & Address

Saima Khalil
12101 Volpe Dr.
Sterling Heights MI 48312

\$ 250.00

\$ 250.00

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

Click Here for Memo Itemization

Occupation Lawyer Employer Reham Legal Services

Business Address 184 Market St Mt Clemens MI 48043

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

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 8-10-20

Name & Address

Nancy Duemling
20770 Moxon Dr
Clinton Twp MI 48036

\$ 50.-

\$ 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

Page Subtotal

375.-

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

Enter this total on
line 3a of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

139938

2. Committee Name

CTE Antonette 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

Name & Address

Robert Mijac
43710 Via Antino
Sterling Heights MI 48314

\$ 100.-

\$ 100.00

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

Name & Address

Troy Green
46591 cheylade DR
Macomb MI 48044

\$ 150.00

\$ 150.00

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

Click Here for Memo Itemization

Occupation Pastor

Employer

Ford Motor company

Business Address

1 American Rd, Dearborn MI 48126

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address

Tanica Miller
17427 utica oaks lane
Roseville MI 48066

\$ 70.00

\$ 70.00

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 #4 PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address

Rhonda Powell
22138 Chatsford circuit
Southfield MI 48034

\$ 180.00

\$ 180.00

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

500.00

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

1,725

Enter this total on
line 3a of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number

1309938

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

Antione wallace
124 Bellevue
Mt Clemens MI 48043

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 Cardstock for printing

5. Date Of Receipt: 7-29-20

6. Vendor Name & Address:

Click Here for Memo Itemization

\$ 28.28 \$ 28.28

☐ Fund Raiser Contribution

Contribution # 2 PAC Receipt? ☐ Yes

Name & Address

Restoration by christ
16675 Frozho
Roseville MI 48066

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 Plastic door hanger bags

5. Date Of Receipt: 7-29-20

6. Vendor Name & Address:

Click Here for Memo Itemization

\$ 37.27 \$ 37.27

☐ Fund Raiser Contribution

Contribution #3 PAC Receipt? ☐ Yes

Name & Address

Qiana Dixon
6167 white oak way
Huber Heights OH 45424

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 Painting "we matter"

5. Date Of Receipt: 7-24-20

6. Vendor Name & Address:

Click Here for Memo Itemization

\$ 25.00 \$ 25.00

☒ Fund Raiser Contribution

Page Subtotal

90.55 90.55

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

1 Committee I D Number 139938

2 Committee Name CTE Antonette Wallace

CANDIDATE COMMITTEE

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>Zariah Herring</u> <u>17635 Oakdale</u> <u>Roseville MI 48066</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>Painting "Black girl magic"</u> 5 Date Of Receipt <u>7-24-20</u> 6 Vendor Name & Address:	\$ <u>20.-</u> \$ <u>20.-</u>	
Click Here for Memo Itemization			
☒ Fund Raiser Contribution			
Contribution = 2 PAC Receipt? ☐ Yes Name & Address <u>Charrika Betts</u> <u>30 inches</u> <u>Nt. 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>Lady wreath, gold</u> 5 Date Of Receipt <u>7-24-20</u> 6 Vendor Name & Address:	\$ <u>50.-</u> \$ <u>50.-</u>	
Click Here for Memo Itemization			
☒ Fund Raiser Contribution			
Contribution = 3 PAC Receipt? ☐ Yes Name & Address <u>Qiana Dixon</u> <u>6607 White Oak Way</u> <u>Huber Heights OH 45424</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>Painting "The love we give"</u> 5 Date Of Receipt <u>7-24-20</u> 6 Vendor Name & Address:	\$ <u>35.-</u> \$ <u>60.-</u> <u>35.-</u>	
Click Here for Memo Itemization			
☒ Fund Raiser Contribution			

Page Subtotal

105

135

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

Enter this total
on line 6 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK

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

CANDIDATE COMMITTEE

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

Ashley Watkins
22138 Chatsford Circuit
Southfield MI 48034

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 Painting "Divine Love"

5. Date Of Receipt 7-24-20

6. Vendor Name & Address:

Click Here for Memo Itemization

\$ 35.- \$ 35.-

☒ Fund Raiser Contribution

Contribution #2 PAC Receipt? ☐ Yes

Name & Address

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 _____

5. Date Of Receipt: _____

6. Vendor Name & Address:

Click Here for Memo Itemization

☐ Fund Raiser Contribution

Contribution #3 PAC Receipt? ☐ Yes

Name & Address

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 _____

5. Date Of Receipt: _____

6. Vendor Name & Address:

Click Here for Memo Itemization

☐ Fund Raiser Contribution

Page Subtotal

35.-

35.-

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

Enter this total
on line 6 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK

1 Committee I D Number

139938

2 Committee Name

CTE Antionette Wallace

CANDIDATE COMMITTEE

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 Name & Address Charrika Betts 30 Inches St Mt Clemens MI 48043 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 Lady Wreath Hue 5 Date Of Receipt 7-24-20 6 Vendor Name & Address:	\$ 50.00 \$ 50.-	
☒ Fund Raiser Contribution			
Contribution # 2 Name & Address DALE HARVEY 171 COLONIAL CT MT CLEMENS MI 48043 If over \$100.00 cumulative, please provide: Occupation Stocker Employer Name & Address Amazon 50500 Mound Rd Shelby Twp MI 48317	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 Painting "Sick & tired" 5 Date Of Receipt 7-24-20 6 Vendor Name & Address:	\$ 130.00 \$ 130.-	
☒ Fund Raiser Contribution			
Contribution # 3 Name & Address Anthony Mahnke Jr 46551 vineyards Ln Macomb MI 48042 If over \$100.00 cumulative, please provide: Occupation Painter Employer Name & Address Anthony Mahnke Jr inc. 46551 vineyards Ln Macomb, MI 48042	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 Painting "The fist" 5 Date Of Receipt 7-24-20 6 Vendor Name & Address:	\$ 120.00 \$ 120.-	
☒ Fund Raiser Contribution			

Page Subtotal

300

300

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

530.55

Enter this total
on line 6 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 Address ☐ Fund Raiser	Purpose Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	Date	\$
Expenditure #2 Name U.S. Postmaster Address 155 S. Main St. Mt. Clemens, MI 48043 ☐ Fund Raiser	Purpose mailings Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	7/23/20 Date	\$ 797.28
Expenditure #3 Name Act Blue Address 366 Summer St. Somerville, MA 02144 ☐ Fund Raiser	Purpose fees Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	8/5/20 Date	\$ 7.29
Expenditure #4 Name Act Blue Address 366 Summer St. Somerville, MA 02144 ☐ Fund Raiser	Purpose fees Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	8/11/20 Date	\$ 14.11
Expenditure #5 Name Dearborn Litho Address 12380 Globe St. Livonia, MI 48150 ☐ Fund Raiser	Purpose postcards Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	8/11/20 Date	\$ 748.36
Subtotal this page			1,567.04
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 Antionette wallace Address 124 Bellevue St. Mt. Clemens mi 48043 ☐ Fund Raiser	Purpose Pay back from loan ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	8/24/20 Date	\$ 982.70
Expenditure #2 Name Address ☐ Fund Raiser	Purpose ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	Date	\$
Expenditure #3 Name Address ☐ Fund Raiser	Purpose ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	Date	\$
Expenditure #4 Name Address ☐ Fund Raiser	Purpose ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	Date	\$
Expenditure #5 Name Address ☐ Fund Raiser	Purpose ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	Date	\$

Subtotal this page

982.70

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

2,549.74

Enter 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 139938
2. Committee Name CTE Antonette Wallace

This Schedule itemizes:

☒ Debts and obligations owed by or forgiven the committee OR ☐ 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>Antonette Wallace</u>	4. Type <u>Cash Deposit for dinner</u> 5. Date Debt Was Incurred <u>6-16-20</u> 6. Original Amount of Debt <u>\$ 982.70</u>	7. Date and amount of each payment <u>982.70 8/24/20</u> \$ _____ \$ _____ \$ _____ \$ _____	8. Cumulative payment to date on debt <u>\$ 982.70</u>	9. Outstanding Balance at close of this period (Item 6 minus Item 8) <u>\$ 0.00</u> ☐ 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) 0

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee) 0

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.

Page 1 of 1

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1 Committee I.D. Number

139938

2 Committee Name

CTE Antionette Wallace

- USE A SEPARATE SHEET FOR EACH EVENT -

3 Date Event Was Held

7-15 thru 7-30
2020

4 Number of Individuals Attending
or Participating (whichever is
greater)

16

5 Type of Fund Raising Activity

Fun Run

6 Address and Name (if any) of the
place where the activity was held



Private Residence

7. Total Contributions

145. -

8. Other Receipts

9. Gross Receipts (Add lines 7 and 8)

145. -

10. Total Cost of Event

0.00

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

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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee ID Number 139938
2. Committee Name CTE Antionette Wallace

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>7-24-20</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>20</u>	5. Type of Fund Raising Activity <u>Art Auction</u>	6. Address and Name (If any) of the place where the activity was held. <u>43710 Schoenherr</u> <u>Sterling Heights MI</u> <u>48313</u> ☐ Private Residence
--	---	--	---

7. Total Contributions (Sch 1A) 850. -

8. Other Receipts

9. Gross Receipts (Add lines 7 and 8) 850. -

10. Total Cost of Event (Sch 1-1K + 1B) 465.00
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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.