



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 02/09/20 to 07/19/20

1. Committee I.D. Number

139825

2. Committee Name

CTE Wendy Jones

4. Candidate Last Name

Jones

First Name

Wendy

M.I.

J

4a. Office Sought Including District # or Community Served (If applicable)

Clerk Chesterfield Township

4b. County of Residence **MACOMB**

5. Committee's Mailing Address

**50826 W Shamrock
Chesterfield MI 48047**

6. Treasurer's Name & Residential Address

**Wendy Jones
50826 W Shamrock
Chesterfield MI 48047**

Area Code and Phone **(586) 405-2198**

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.

Area Code & Phone **(586) 405-2198**

7. Treasurer's Business Address

**50826 W Shamrock
Chesterfield MI 48047**

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

**Wendy Jones
50826 W Shamrock
Chesterfield MI 48047**

Area Code and Phone **(586) 405-2198**

Area Code and Phone **(586) 405-2198**

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

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 **Wendy Jones**

Type or Print Name

Signature

Date

07/19/2020

Candidate **Wendy Jones**

Type or Print Name

Signature

Date

07/19/2020



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139825

2. Committee Name CTE Wendy Jones

**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>2,600.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$2,600.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$2,600.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$2,240.27</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$2,240.27</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$2,600.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$2,600.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$2,240.27</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$359.73</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139825
2. Committee Name CTE Wendy Jones

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 05/14/20

Name & Address:

Wendy Jones
50826 W Shamrock
Chesterfield MI 48047

\$ 500.00 \$ 500.00

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

Occupation Real Estate Agent Employer Real Estate One

Business Address 47800 Gratiot Ave Chesterfield MI 48051

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 07/02/20

Name & Address:

Wendy Jones
50826 W Shamrock
Chesterfield MI 48047

\$ 100.00 \$ 600.00

[Click Here for Memo Itemization](#)

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

Occupation Real Estate Agent Employer Real Estate One

Business Address 47800 Gratiot Ave Chesterfield MI 48051

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

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 07/01/20

Name & Address:

Wendy Jones
50826 W Shamrock
Chesterfield MI 48047

\$ 1000.00 \$ 1600.00

[Click Here for Memo Itemization](#)

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

Occupation Real Estate Agent Employer Real Estate One

Business Address 47800 Gratiot Ave Chesterfield MI 48051

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

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 07/01/20

Name & Address:

Wendy Jones
50826 W Shamrock
Chesterfield MI 48047

\$ 1000.00 \$ 2600.00

[Click Here for Memo Itemization](#)

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

Occupation Real Estate Agent Employer Real Estate One

Business Address 47800 Gratiot Ave Chesterfield MI 48051

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

Page Subtotal \$ 2,600.00

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

\$ 2,600.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139825
2. Committee Name CTE Wendy Jones

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name TCF Bank Address 32900 23 Mile Rd Chesterfield MI 48047 ☐ Fund Raiser	Purpose: <u>Check order</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/14/20</u> Date	<u>\$ 14.95</u>
Expenditure #2 Name Macomb Daily New Paper Address Clinton Twp MI ☐ Fund Raiser	Purpose: <u>Addvertise Bay Voice Paper</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/12/20</u> Date	<u>\$ 540.00</u>
Expenditure #3 Name 455 Digital Address 200 S. Washington Ave, Suite 2 Royal Oak MI 48067 ☐ Fund Raiser	Purpose: <u>Web and Face book design</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/01/20</u> Date	<u>\$ 1262.00</u>
Expenditure #4 Name Gordon Foods Address 51630 Gratiot Ave Chesterfield MI 48051 ☐ Fund Raiser	Purpose: <u>Sign pick up event</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/20</u> Date	<u>\$ 63.18</u>
Expenditure #5 Name C4M Cakes Address 58557 Main Street New Haven <I 48048 ☐ Fund Raiser	Purpose: <u>Sign pick up event</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/20</u> Date	<u>\$ 45.00</u>

Subtotal this page

\$1,925.00

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 139825
2. Committee Name CTE Wendy Jones

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Meijers Address 27255 23 Mile Rd Chesterfield 48051 ☐ Fund Raiser	Purpose: <u>Sign pick event</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/20</u> Date	<u>\$ 68.94</u>
Expenditure #2 Name 455 Digital Address 200 S Washington Royal Oak MI 48067 ☐ Fund Raiser	Purpose: <u>Web page and Face Book maint fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/12/20</u> Date	<u>\$ 150.00</u>
Expenditure #3 Name Swirly Top Ice Cream Address 47009 Jefferson Chesterfield MI 48047 ☐ Fund Raiser	Purpose: <u>Public Safety appriciation</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/03/20</u> Date	<u>\$ 43.00</u>
Expenditure #4 Name Anchor Bay Chamber of Commerce Address 51180 Bedford St New Baltimore MI 48047 ☐ Fund Raiser	Purpose: <u>Candidate Interview</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/15/20</u> Date	<u>\$ 50.00</u>
Expenditure #5 Name Pay Pal Address On Line ☐ Fund Raiser	Purpose: <u>Deposit Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/20</u> Date	<u>\$ 3.20</u>

Subtotal this page **\$315.14**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$2,240.27**

Enter this total
on line 8a of
Summary Page