



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

139825

2. Committee Name

CTE Wendy Jones

5. Committee's Mailing Address
50826 W Shamrock St
Chestfield 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.

3. This Statement covers From 07/20/20 to 08/24/20

4. Candidate Last Name

Jones

First Name

Wendy

MI

J

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

Clerk Chesterfield Township

4b. County of Residence MACOMB

6. Treasurer's Name & Residential Address

Wendy Jones

58026 W Shamrock St
Chestfield MI 48047

Area Code & Phone (586) 405-2198

7. Treasurer's Business Address

50826 W Shamrock St
Chestfield MI 48047

Area Code and Phone

Area Code and Phone

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

☒ Primary

☐ General

☐ Convention

☐ Special

☐ School

☐ Caucus

Date of Election, Convention or Caucus

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

09/02/2020

Candidate Wendy Jones

Type or Print Name

Signature

Date

09/02/2020

FILED
20 SEP -3 AM 9:15
MACOMB COUNTY CLERK
HILARY CLEMMEN
MICHIGAN



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee ID 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>500.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>500.00</u>	(18.) \$ <u>\$3,100.00</u>
4. Other Receipts (Schedule 1A - Column 6)	(4.) \$	<u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$500.00</u>	(20.) \$ <u>\$3,100.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$0.00</u>	(21.) \$ <u>\$0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$150.00</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>\$150.00</u>	(23.) \$ <u>\$2,390.27</u>
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.) \$ <u>\$0.00</u>
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>\$359.73</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$500.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$859.73</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$150.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$709.73</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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 <u>07/30/20</u>	
Name & Address: <u>Plumbers Local 98</u>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PAC Fund</u> Employer _____ Business Address <u>700 Tower Troy MI 48098</u> 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 _____	
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 # 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 \$500.00

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

\$500.00

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 455 Digital Address 200 S. Washington Ave, Suite 2 Royal Oak MI 48067 ☐ Fund Raiser	Purpose Social Media Maint Fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/17/20 Date Click Here for Memo Itemization Type	\$ 150.00
Expenditure #2 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	\$
Expenditure #3 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	\$
Expenditure #4 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	\$
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			\$150.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$150.00

Enter this total
on line 8a of
Summary Page