



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

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

1. Committee I.D. Number

138959

2. Committee Name

CTE Adam Wit

5. Committee's Mailing Address

29356 Stonecroft
Harrison Township, MI 48045

Area Code and Phone (586) 246-0551

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

38151 L'Anse Creuse
Harrison Township, MI 48045

Area Code and Phone (586) 466-1458

3. This Statement covers From:

01/01/20 to 07/19/20

4. Candidate Last Name

First Name

M.I.

Wit

Adam

M

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

Harrison Township Clerk

4b. County of Residence MACOMB

6. Treasurer's Name & Residential Address

Adam Wit
29356 Stonecroft
Harrison Township, MI 48045

Area Code & Phone (586) 246-0551

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

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

20 JUL 24 PM 12:09

FILED

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

- ☒ Primary
☐ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Date of Election, Convention or Caucus

08/04/20

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

Adam Wit

Type or Print Name

Signature

Date

7/23/20

Candidate

Adam Wit

Type or Print Name

Signature

Date

7/23/20



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138959

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Adam Wit

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>4,785.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$4,785.00</u>	(18.) \$ <u>\$4,785.00</u>
4. Other Receipts (Schedule 1A -1, 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>\$4,785.00</u>	(20.) \$ <u>\$4,785.00</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>\$4,322.23</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>\$4,322.23</u>	(23.) \$ <u>\$4,322.23</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>\$4,200.00</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>\$2,613.19</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$4,785.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$7,398.19</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$4,322.23</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$3,075.96</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138959
2. Committee Name CTE Adam Wit

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	4. Date of Receipt <u>06/17/20</u>	
Name & Address: Patricia Medlin 25640 Waterview, Harrison Twp, MI 48045		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> 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 <u>06/17/20</u>	
Name & Address: Roger Wit 29026 Thistle, Harrison Twp, MI 48045		\$ <u>200</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> 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 <u>06/17/20</u>	
Name & Address: Len Gallo 39216 Canterbury, Harrison Twp, MI 48045		\$ <u>75</u>	\$ <u>75</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	4. Date of Receipt <u>06/17/20</u>	
Name & Address: John Bartlett 50726 Ryan, Shelby Twp, MI 48317		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>agriculture</u> Employer <u>Holistic Research Group</u> Business Address <u>42728 Executive, Harrison Twp, MI 48045</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$1,025.00

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 138959
2. Committee Name CTE Adam Wit

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	4. Date of Receipt <u>06/17/20</u>	
Name & Address: Keith Potter 13161 LaSalle, Huntington Woods, MI 48078		\$ <u>100</u>	\$ <u>100</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	4. Date of Receipt <u>06/17/20</u>	
Name & Address: Hani Kassab, Jr. 812 Main Street, Ste 200, Royal Oak, MI 48067		\$ <u>300</u>	\$ <u>300</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>Jars Holding LLC</u> Business Address <u>812 Main Street, Ste 200, Royal Oak, MI 48067</u> 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 <u>06/17/20</u>	
Name & Address: Jan Rubis 37621 Lakeshore, Harrison Twp, MI 48045		\$ <u>150</u>	\$ <u>150</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> 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 <u>06/17/20</u>	
Name & Address: Kathy Williams 25670 Waterview, Harrison Twp, MI 48045		\$ <u>100</u>	\$ <u>100</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	

Page Subtotal **\$650.00**

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 138959
2. Committee Name CTE Adam Wit

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	4. Date of Receipt <u>06/17/20</u>	
Name & Address: Kathleen Brown-Askar 39894 Memory Lane, Harrison Twp, MI 48045		\$ <u>100</u>	\$ <u>100</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	4. Date of Receipt <u>06/17/20</u>	
Name & Address: Jason Gottschalk 46226 Hecker, Utica, MI 48317		\$ <u>100</u>	\$ <u>100</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	4. Date of Receipt <u>06/17/20</u>	
Name & Address: Ron Whittle 62135 Kimberly, Washington, MI 48094		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>agriculture</u> Employer <u>Holistic Research Group</u> Business Address <u>42728 Executive, Harrison Township, MI 48045</u> 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 <u>06/17/20</u>	
Name & Address: Kevin Mechigian 3008 Vero Drive, Highland, MI 48356		\$ <u>100</u>	\$ <u>100</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	

Page Subtotal **\$550.00**

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 138959

2. Committee Name CTE Adam Wit

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 4. Date of Receipt <u>06/17/20</u> Name & Address: Wayne Babbish 121 Belleview, Mt. Clemens, MI 48043 5. If over \$100.00 cumulative, please provide: Occupation <u>Golf club owner</u> Employer <u>Gowanie GOLF CLUB</u> Business Address <u>24770 South River, Harrison Twp, MI 48045</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>150</u>	\$ <u>150</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/17/20</u> Name & Address: Hal Krauseneck 29351 Seaway, Harrison Twp, MI 48045 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>100</u>	\$ <u>100</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/17/20</u> Name & Address: Don Kehrig 34950 Island View, Harrison Twp, MI 48045 5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>150</u>	\$ <u>150</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/17/20</u> Name & Address: Patricia Carrier 25580 Waterview, Harrison Twp, MI 48045 5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>150</u>	\$ <u>150</u>

Page Subtotal **\$550.00**

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

Enter this total on
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138959
2. Committee Name CTE Adam Wit

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/17/20</u>	
Name & Address: Paul Shamo 38311 Huron Pointe, Harrison Twp, MI 48045		\$ <u>500</u>	\$ <u>500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Auto Dealer</u> Employer <u>Taylor Ford</u> Business Address <u>13500 Telegraph, Taylor, MI 48180</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 <u>06/17/20</u>	
Name & Address: Stan Grot for Michigan 11927 Hiawatha, Shelby Twp, MI 48315		\$ <u>200</u>	\$ <u>200</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	4. Date of Receipt <u>06/17/20</u>	
Name & Address: Bill Bitonti 28026 Norcross, Harrison Twp, MI 48045		\$ <u>250</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> 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 <u>06/17/20</u>	
Name & Address: Denise Schebil 38000 Lakeville, Harrison Twp, MI 48045		\$ <u>100</u>	\$ <u>100</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	

Page Subtotal **\$1,050.00**

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138959
2. Committee Name CTE Adam Wit

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	4. Date of Receipt <u>06/17/20</u>	
Name & Address: Rob Huth 2486 Hawthorne, Shelby Twp, MI 48316		\$ <u>100</u>	\$ <u>100</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	4. Date of Receipt <u>06/17/20</u>	
Name & Address: Bob Kirk 19500 Hall Road, Clinton Twp, MI 48038		\$ <u>100</u>	\$ <u>100</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	4. Date of Receipt <u>06/17/20</u>	
Name & Address: Rachael Badalamenti 19500 Hall Road, Clinton Twp, MI 48038		\$ <u>100</u>	\$ <u>100</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	4. Date of Receipt <u>06/17/20</u>	
Name & Address: August Gitschlag 3401 Evaline, Hamtramck, MI 48212		\$ <u>10</u>	\$ <u>10</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	

Page Subtotal **\$310.00**

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 138959
2. Committee Name CTE Adam Wit

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	4. Date of Receipt <u>06/17/20</u>	
Name & Address: Jack Brandenburg 37596 Huron Pointe, Harrison Twp, MI 48045		\$ <u>100</u>	\$ <u>100</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	4. Date of Receipt <u>06/17/20</u>	
Name & Address: CTE Jack Brandenburg for State Senate 25 Eldredge, Mt. Clemens, MI 48043		\$ <u>100</u>	\$ <u>100</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	4. Date of Receipt <u>06/17/20</u>	
Name & Address: Rodger Pelham 30114 Jefferson, St. Clair Shores, MI 48082		\$ <u>100</u>	\$ <u>100</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	4. Date of Receipt <u>06/17/20</u>	
Name & Address: Ali Mesleman 1200 Shipman, Birmingham, MI 48009		\$ <u>100</u>	\$ <u>100</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	

Page Subtotal **\$400.00**

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

Enter this total on
line 3a of Summary
Page.



1. Committee I.D. Number 138959

2. Committee Name CTE Adam Wit

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 06/17/20 Name & Address: Ed Toarmino 32780 North River, Harrison Twp, MI 48045		\$ 100	\$ 100
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 06/17/20 Name & Address: Margaret Lucido 38831 Bellingham		\$ 50	\$ 50
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 06/17/20 Name & Address: John Meredith 4047 Patricia Ct, Oakland Twp, MI 48306		\$ 100	\$ 100
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	\$250.00
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**Grand Total of All Schedules 1A
(Complete on last page of Schedule)**

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 138959
2. Committee Name CTE Adam Wit

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PrintMasters Address 26039 Dequindre Madison Heights, MI 48071 ☐ Fund Raiser	Purpose: <u>printing/mailling</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/20</u> Date	<u>\$ 223.29</u>
Expenditure #2 Name PrintMasters Address 26039 Dequindre Madison Heights, MI 48071 ☐ Fund Raiser	Purpose: <u>printing/mailling</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/19/20</u> Date	<u>\$ 1183.38</u>
Expenditure #3 Name C & G Publishing Address 13650 11 Mile Road Warren, MI 48089 ☐ Fund Raiser	Purpose: <u>newspaper ads</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/24/20</u> Date	<u>\$ 2,117.57</u>
Expenditure #4 Name Facebook Address 1 Facebook Way Menlo Park, CA 94025 ☐ Fund Raiser	Purpose: <u>ad</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/19/20</u> Date	<u>\$ 250</u>
Expenditure #5 Name Facebook Address 1 Facebook Way Menlo Park, CA 94025 ☐ Fund Raiser	Purpose: <u>ad</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/30/20</u> Date	<u>\$ 82.73</u>

Subtotal this page **\$3,856.97**

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 138959
2. Committee Name CTE Adam Wit

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Staples</u> Address <u>51382 Gratiot</u> <u>Chesterfield Twp MI 48051</u> ☐ Fund Raiser	Purpose: <u>printing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/06/20</u> Date	\$ <u>164.13</u>
Expenditure #2 Name <u>USPS</u> Address <u>155 South Main</u> <u>Mt. Clemens MI 48046</u> ☐ Fund Raiser	Purpose: <u>postage</u> ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/06/20</u> Date	\$ <u>195</u>
Expenditure #3 Name <u>Staples</u> Address <u>51382 Gratiot</u> <u>Chesterfield Twp MI 48051</u> ☒ Fund Raiser	Purpose: <u>office supplies</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/29/20</u> Date	\$ <u>106.13</u>
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			\$465.26
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$4,322.23

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 138959

2. Committee Name CTE Adam Wit

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: Adam Wit 29356 Stonecroft Harrison Twp, MI 48045	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>05/16/12</u> 6. <u>Original Amount of Debt:</u> \$ <u>3,000.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0.00</u>	\$ <u>3,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: Adam Wit 29356 Stonecroft Harrison Twp, MI 48045	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ <u>1,200.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0.00</u>	\$ <u>1,200.00</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)

\$4,200.00

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

\$4,200.00

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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138959
2. Committee Name CTE Adam Wit

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>06/17/20</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>35</u>	5. Type of Fund Raising Activity <u>Online fundraiser</u>	6. Address and Name (If any) of the place where the activity was held. ☐ Private Residence
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7. Total Contributions \$4,785.00
8. Other Receipts \$0.00
9. Gross Receipts (Add lines 7 and 8) \$4,785.00
10. Total Cost of Event \$106.13
(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-IK), 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.