

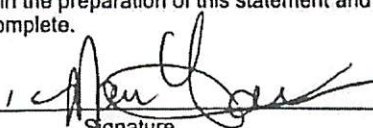
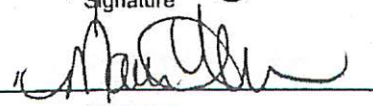


MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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 139133		3. This Statement covers From: <u>10/19/20</u> to <u>11/23/20</u>	
2. Committee Name CTE Mary K Thomas		4. Candidate Last Name Thomas First Name Mary M.I. K 4a. Office Sought Including District # or Community Served (If applicable) Board Member - Local	
5. Committee's Mailing Address CTE Mary K Thomas PO Box 7013 Sterling Heights, MI 48311 Area Code and Phone _____ 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	
7. Treasurer's Business Address Mary K Thomas 42298 Mandalay Ct Sterling Heights MI 48313 Area Code and Phone <u>(586) 944-3232</u>		6. Treasurer's Name & Residential Address Mary K Thomas 42298 Mandalay Ct Sterling Heights MI 48313 Area Code & Phone <u>(586) 944-3232</u>	
9. TYPE OF STATEMENT 9a. ☐ Pre-Election OR 9b. ☒ Post-Election Pre-Election or Post-Election Statement relates to: ☐ Primary ☒ General ☐ Convention ☐ Special ☐ School ☐ Caucus Date of Election, Convention or Caucus <u>11/03/20</u>		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Mary K Thomas 42298 Mandalay Ct Sterling Heights MI 48313 Area Code and Phone <u>(586) 944-3232</u> Required ONLY if candidate is not on the ballot for the current year: ☐ July Quarterly ☐ October Quarterly 9c. ☐ Annual Statement () Coverage Year 9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
		9e. Dissolution of Candidate Committee ☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no 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 Mary K Thomas Type or Print Name		Signature  Date <u>11/23/2020</u>	
Candidate Mary K Thomas Type or Print Name		Signature  Date <u>11/23/2020</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139133

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Mary K Thomas

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>250.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$0.00</u>	(18.) \$ <u>\$0.00</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>\$250.00</u>	(20.) \$ <u>\$12,066.89</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$1,691.77</u>	(21.) \$ <u>\$19,398.81</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>\$4,335.96</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>\$4,335.96</u>	(23.) \$ <u>\$11,204.65</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>\$1,396.89</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>\$5,251.31</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$250.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$5,501.31</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$4,335.96</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$1,165.35</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139133

2. Committee Name CTE Mary K Thomas

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 10/20/20

Name & Address:
Vickie Malinowski
31075 Shue Rd
Richmond MI 48062

\$ 50

\$ 50

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

Occupation n/a Employer n/a

[Click Here for Memo Itemization](#)

Business Address n/a

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/21/2020

Name & Address
Gary Collins
31440 Northwestern Hwy
Farmington Hills MI 48334

\$ 100

\$ 100

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

Occupation Attorney Employer Collins/ Blaha

[Click Here for Memo Itemization](#)

Business Address 31700 Middlebelt Rd, Farmington, MI 48334

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/21/2020

Name & Address:
Linda Rediske
2919 Dina Dr
Troy MI 48085

\$ 100

\$ 100

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

Occupation Administrator Employer UCS

[Click Here for Memo Itemization](#)

Business Address 11303 Greendale, Sterling Heights, MI 48312

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address

\$ _____

\$ _____

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 \$250.00

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

\$250.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139133

CANDIDATE COMMITTEE

2. Committee Name CTE Mary K Thomas

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: Utica PAC 13969 Plumbrook Rd Sterling Heights, MI 48312 If over \$100.00 cumulative, please provide: Occupation: PAC Employer Name & Business Address: Utica PAC 13969 Plumbrook Rd Sterling Heights, MI 48312 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>Literature</u> 5. Date Of Receipt: <u>10/20/20</u> 6. Vendor Name & Address: American Graphics 34895 Groesbeck Clinton Twp, MI 48035 Click Here for Memo Itemization	\$ 572.40	\$ 18279.44
Contribution # 2 PAC Receipt? ☒ Yes Name & Address: Utica PAC 13969 Plumbrook Rd Sterling Heights, MI 48312 If over \$100.00 cumulative, please provide: Occupation: PAC Employer Name & Address: Utica PAC 13969 Plumbrook Rd Sterling Heights, MI 48312 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>Digital Advertising</u> 5. Date Of Receipt: <u>10/30/20</u> 6. Vendor Name & Address: Hudson Collective 220 S Main Street Royal Oak, MI 48067 Click Here for Memo Itemization	\$ 500	\$ 18779.44
Contribution #3 PAC Receipt? ☒ Yes Name & Address: Utica PAC 13969 Plumbrook Rd Sterling Heights, MI 48312 If over \$100.00 cumulative, please provide: Occupation: PAC Employer Name & Address: Utica PAC 13969 Plumbrook Rd Sterling Heights, MI 48312 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☒ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description <u>t-shirts</u> 5. Date Of Receipt: <u>10/30/20</u> 6. Vendor Name & Address: E.A. Graphics 42111 Van Dyke Ave Sterling Heights, MI 48314 Click Here for Memo Itemization	\$ 619.37	\$ 19398.81

Page Subtotal \$1,691.77 \$19,398.81

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) \$1,691.77

Enter this total
on line 6 of Summary
Page

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139133
2. Committee Name CTE Mary K Thomas

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Mass Mailing Address 35468 Mound Rd Sterling Heights, MI 48310 ☐ Fund Raiser	Purpose: <u>Mailing Service</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/21/20</u> Date	<u>\$ 3555.20</u> Click Here for Memo Itemization Type
Expenditure #2 Name Mass Mailing Address 35468 Mound Rd Sterling Heights, MI 48310 ☐ Fund Raiser	Purpose: <u>Postage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/21/20</u> Date	<u>\$ 580.76</u> Click Here for Memo Itemization Type
Expenditure #3 Name Hudson Collective Address 220 S Main Street Royal Oak, MI 48067 ☐ Fund Raiser	Purpose: <u>Facebook advertising</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/20</u> Date	<u>\$ 200</u> 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 **\$4,335.96**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$4,335.96**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139133
2. Committee Name CTE Mary K Thomas

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: Mary Thomas 42298 Mandalay Ct Sterling Heights, MI 48313	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>08/30/20</u> 6. <u>Original Amount of Debt:</u> <u>\$ 196.89</u>	\$ \$ \$ \$ \$	\$	\$ <u>196.89</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? ☐ Yes Owed to or by: Mary Thomas 42298 Mandalay Ct Sterling Heights, MI 48313	4. Type: <u>Laon</u> 5. <u>Date Debt Was Incurred:</u> <u>10/18/2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,200.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>1,396.89</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) **\$1,396.89**

Grand Total of all Schedules 1E **\$1,396.89**
(Complete on last page of Schedule showing amounts owed by or to the committee)

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.