



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.

3. This Statement covers From: <u>07/20/20</u> to <u>08/24/20</u>	
1. Committee I.D. Number 138224	4. Candidate Last Name Joseph First Name David M.I. M. 4a. Office Sought Including District # or Community Served (If applicable) Chesterfield Township Trustee 4b. County of Residence MACOMB
2. Committee Name CTE David Joseph	6. Treasurer's Name & Residential Address Christine Joseph 28637 Buckinghamshire Dr. Chesterfield, MI 48047 Area Code & Phone (586) 980-0694
5. Committee's Mailing Address 28637 Buckinghamshire Dr. Chesterfield, MI 48047 Area Code and Phone (586) 212-3148 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.	8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Area Code and Phone _____
7. Treasurer's Business Address 28637 Buckinghamshire Dr. Chesterfield, MI 48047 Area Code and Phone (586) 980-0694	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 hereby 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.
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>08/04/20</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.)	
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 <u>Christine Joseph</u> Signature <u>Christine Joseph</u> Date <u>08/31/20</u> Candidate <u>David Joseph</u> Signature <u>David Joseph</u> Date <u>08/31/20</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138224

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE David Joseph

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>3,680.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$3,680.00</u>	(18.) \$ <u>\$15,710.00</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>\$3,680.00</u>	(20.) \$ <u>\$15,710.00</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>\$2,302.62</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>\$2,302.62</u>	(23.) \$ <u>\$7,362.42</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>\$6,984.12</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$3,680.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$10,664.12</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$2,302.62</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$8,361.50</u>	



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I D Number 138224

2. Committee Name CTE David Joseph

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 07/22/20

Name & Address:

Mike Monicatti
55800 New Haven Road
Chesterfield, MI 48051

\$ 250.00

\$ _____

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

[Click Here for Memo Itemization](#)

Occupation Owner Employer Monicatti Auto Sales

Business Address 55800 New Haven Road, Chesterfield, MI 48051

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 07/22/20

Name & Address:

Barbara Dixon
52360 Walnut Drive
Chesterfield, MI 48047

\$ 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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 07/22/20

Name & Address:

Suzanne Carene
51732 Laurel Oak Lane
New Baltimore, MI 48047

\$ 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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 07/22/20

Name & Address:

Lynn Zmud
45696 Edgewater Street
New Baltimore, MI 48047

\$ 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

Page Subtotal \$375.00

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 138224

2. Committee Name CTE David Joseph

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>07/22/20</u> Name & Address: Doreen Hankins 53313 Forestglade Drive Chesterfield, MI 48047 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>	
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/22/20</u> Name & Address: Craig Heath 50266 Burlwood Drive New Baltimore, MI 48047 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>	
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/22/20</u> Name & Address: Stephanie Kowaleski 2864 Hartline Drive Rochester Hills, MI 48309 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>20.00</u>	
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/22/20</u> Name & Address: Matt Monden 51277 Caroline Drive New Baltimore, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>25.00</u>	
		Click Here for Memo Itemization	

Page Subtotal \$145.00

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 138224

2. Committee Name CTE David Joseph

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 07/23/20

Name & Address:

Jeff Stancavage
49360 Bay Lane
Chesterfield, MI 48047

\$ 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 07/23/20

Name & Address:

Cindy Quint
47498 Sunshine Drive
New Baltimore, MI 48047

\$ 10.00

\$ _____

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 07/23/20

Name & Address:

Glenn McCandliss
28475 Tiffin Drive
Chesterfield, MI 48047

\$ 50.00

\$ 200.00

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

[Click Here for Memo Itemization](#)

Occupation ATTORNEY Employer SELF-EMPLOYED

Business Address 28475 TIFFIN DR. CHESTERFIELD, MI 48047

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 07/23/20

Name & Address:

Elizabeth Lary
23729 Lansdowne Street
Clinton Township, MI 48035

\$ 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

Page Subtotal \$185.00

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 138224

2 Committee Name CTE David Joseph

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>07/27/20</u> Name & Address: <u>Raechel Badalamenti</u> <u>19500 Hall Rd., Suite 100</u> <u>Clinton Township, MI 48038</u>		\$ <u>200.00</u>	Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Kirk, Huth, Lange & Badalamenti</u> Business Address <u>19500 Hall Rd., Suite 100, Clinton Township, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/20</u> Name & Address: <u>Robert Kirk</u> <u>19500 Hall Rd., Suite 100</u> <u>Clinton Township, MI 48038</u>		\$ <u>200.00</u>	Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Kirk, Huth, Lange & Badalamenti</u> Business Address <u>19500 Hall Rd., Suite 100, Clinton Township, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/20</u> Name & Address: <u>Carlo Santia</u> <u>35890 Monterey Dr.</u> <u>Clinton Township, MI 48035</u>		\$ <u>200.00</u>	Click Here for Memo Itemization
5. If over \$100.00 cumulative, please provide: Occupation <u>Engineering Consultant</u> Employer <u>Self-Employed</u> Business Address <u>35890 Monterey Dr., Clinton Township, MI 48035</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/20</u> Name & Address: <u>Joseph D'Angelo</u> <u>8410 E. Kaul Drive</u> <u>Scottsdale, AZ 85260</u>		\$ <u>200.00</u>	Click Here for Memo Itemization
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			

Page Subtotal \$800.00

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 138224

2. Committee Name CTE David Joseph

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>07/23/20</u> Name & Address: Nick Jerjis 7051 Wild Ridge Lane West Bloomfield, MI 48322 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>8th Street Wellness LLC</u> Business Address <u>500 Temple, Suite 2M, Detroit, MI 48021</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>500.00</u>	\$ _____
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/25/20</u> Name & Address: Peter M. Thomas 5018 Seven Lakes Drive S. Washington Twp., MI 48095 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Cash Exchange</u> Business Address <u>35943 Gratoit Ave., Clinton Twp., MI 48035</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>500.00</u>	\$ _____
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/25/20</u> Name & Address: Michael Venditti 19588 Lamplighter Trail Macomb, MI 48044 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Biggs Bar & Grill</u> Business Address <u>48265 Gratiot Ave., Chesterfield, MI 48051</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>500.00</u>	\$ _____
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/27/20</u> Name & Address: Robert Huth, Jr. 19500 Hall Road, Suite 100 Clinton Township, MI 48038 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Kirk, Huth, Lange & Badalamenti</u> Business Address <u>19500 Hall Road, Suite 100, Clinton Township, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>200.00</u>	\$ _____
		Click Here for Memo Itemization	

Page Subtotal \$1,700.00

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 138224

2. Committee Name CTE David Joseph

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>08/10/20</u> Name & Address: Greg Dixon 8970 Inverness Drive Washington Township, MI 48095 5. If over \$100.00 cumulative, please provide: Occupation <u>Director Secondary Education</u> Employer <u>L'Anse Creuse Public Schools</u> Business Address <u>24076 F.V. Pankow Blvd., Clinton Township, MI 48036</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>200.00</u>	Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/30/20</u> Name & Address: Doug Anderson 2420 Adare Road Ann Arbor, MI 48104 5. If over \$100.00 cumulative, please provide: Occupation <u>Medical Doctor</u> Employer <u>University of Michigan</u> Business Address <u>1500 East Medical Center Drive, Ann Arbor, MI 4809</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>250.00</u>	Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/23/20</u> Name & Address: Tracey Zachmann 52096 Baker Road New Baltimore, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>25.00</u>	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 **\$475.00**

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

\$3,680.00

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I D Number 138224
2. Committee Name CTE David Joseph

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>USPS</u> Address <u>35339 23 Mile Road</u> <u>New Baltimore, MI 48047</u> ☐ Fund Raiser	Purpose: <u>Postage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/20/20</u> Date	<u>\$ 58.20</u>
Expenditure #2 Name <u>Anedot</u> Address <u>1340 Poydras Street</u> <u>New Orleans, LA 70112</u> ☐ Fund Raiser	Purpose: <u>Bank fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/22/20</u> Date	<u>\$ 23.20</u>
Expenditure #3 Name <u>Staples</u> Address <u>51382 Gratiot</u> <u>Chesterfield, MI 48051</u> ☐ Fund Raiser	Purpose: <u>Printer ink</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/27/20</u> Date	<u>\$ 128.50</u>
Expenditure #4 Name <u>Anedot</u> Address <u>1340 Poydras Street</u> <u>New Orleans, LA 70112</u> ☐ Fund Raiser	Purpose: <u>Bank fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/25/20</u> Date	<u>\$ 30.20</u>
Expenditure #5 Name <u>Lamar Media Corp</u> Address <u>5321 Corporate Blvd.</u> <u>Baton Rouge, LA 70808</u> ☐ Fund Raiser	Purpose: <u>Outdoor Advertising</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/28/20</u> Date	<u>\$ 800.00</u>
Subtotal this page			<u>\$1,040.10</u>
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 138224
2. Committee Name CTE David Joseph

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Anedot</u> Address <u>1340 Poydras Street</u> <u>New Orleans, LA 70112</u> ☐ Fund Raiser	Purpose: <u>Bank fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/30/20</u> Date	<u>\$ 10.30</u>
Expenditure #2 Name <u>Meijer</u> Address <u>23 Mile Road</u> <u>Chesterfield, MI 48051</u> ☐ Fund Raiser	Purpose: <u>Drinks/food campaign volunteers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/03/20</u> Date	<u>\$ 110.12</u>
Expenditure #3 Name <u>Home Depot</u> Address <u>51315 Gratiot</u> <u>Chesterfield, MI 48047</u> ☐ Fund Raiser	Purpose: <u>Sign posts/hardware</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/03/20</u> Date	<u>\$ 71.59</u>
Expenditure #4 Name <u>BP</u> Address <u>28230 23 Mile Road</u> <u>Chesterfield, MI 48051</u> ☐ Fund Raiser	Purpose: <u>Gas</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/05/20</u> Date	<u>\$ 48.21</u>
Expenditure #5 Name <u>USPS</u> Address <u>35339 23 Mile Road</u> <u>New Baltimore, MI 48047</u> ☐ Fund Raiser	Purpose: <u>Postage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/11/20</u> Date	<u>\$ 9.80</u>

Subtotal this page **\$250.02**

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 138224
2. Committee Name CTE David Joseph

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>SignRocket</u> Address <u>340 Broadway Ave.</u> <u>St. Paul Park, MN 55071</u> ☐ Fund Raiser	Purpose: <u>Signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/17/20</u> Date	\$ <u>1012.50</u>
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

\$1,012.50

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

\$2,302.62

Enter this total
on line 8a of
Summary Page