



**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 139422		3. This Statement covers From: <u>01/01/20</u> to <u>07/19/20</u>	
2. Committee Name CTE Timothy F. Bussineau		4. Candidate Last Name Bussineau First Name Timothy M.I. F 4a. Office Sought Including District # or Community Served (If applicable) Macomb Township Trustee 4b. County of Residence MACOMB	
5. Committee's Mailing Address 16672 Keith Drive Macomb Township, MI 48042 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.		6. Treasurer's Name & Residential Address Timothy F. Bussineau 16672 Keith Drive Macomb Township, MI 48042 Area Code & Phone (586) 246-4155	
7. Treasurer's Business Address 316 North Main Street Romeo, MI 48065 Area Code and Phone (586) 752-0200		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Timothy F. Bussineau 16672 Keith Drive Macomb Township, MI 48042 Area Code and Phone (586) 246-4155	
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.)	
		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 <u>Timothy F. Bussineau</u> , <u>[Signature]</u> Date <u>07/23/2020</u> Type or Print Name Signature			
Candidate <u>Timothy F. Bussineau</u> , <u>[Signature]</u> Date <u>07/23/2020</u> Type or Print Name Signature			

FILED
20 AUG -3 AM 9:31
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139422

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Timothy F. Bussineau

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>4,475.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$		(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$		(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$		(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$		(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$		
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$2,079.52</u>	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$		(24.) \$
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$		
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$1,519.66</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$4,475.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$2,079.52</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$		
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$3,914.48</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139422
2. Committee Name CTE Timothy F. Bussineau

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>03/06/20</u>	
Name & Address: Michelle Bussineau 16672 Keith Drive Macomb MI 48042		\$ <u>20.00</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>03/07/20</u>	
Name & Address: Heidi Verellen 47114 Stephanie Drive Macomb MI 48044		\$ <u>50.00</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>05/26/20</u>	
Name & Address: Michael Lesich 15201 Fairview Fraser MI 48026		\$ <u>50.00</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>05/26/20</u>	
Name & Address: Sebastian Previti 61614 Cotswold Drive Washington MI 48094		\$ <u>100.00</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 **\$220.00**

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 139422
2. Committee Name CTE Timothy F. Bussineau

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>05/26/20</u> Name & Address: Elvis Ahmetasevic 406 Mary Avenue Royal Oak MI 48073		\$ 25.00	\$ _____
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>05/26/20</u> Name & Address: Charlotte Witulski 17590 22 Mile Road Macomb MI 48044		\$ 50.00	\$ _____
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>05/28/20</u> Name & Address: Ted Nicodemus 50426 Hillside Drive Macomb MI 48044		\$ 50.00	\$ _____
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>06/02/20</u> Name & Address: Michael Panek 50583 Princeton Dr. Macomb MI 48044		\$ 50.00	\$ _____
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 **\$175.00**

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 139422
2. Committee Name CTE Timothy F. Bussineau

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 06/16/20

Name & Address:

Wendy Ouvry
53269 Freda Drive
Macomb MI 48042

\$ 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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 06/29/20

Name & Address

Michael Zannetti
21395 Waverly Drive
Macomb MI 48044

\$ 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 06/30/20

Name & Address:

Brent Smith
54978 Penzien Drive
Macomb MI 48042

\$ 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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 07/02/20

Name & Address

Denise Aquino
16941 Franziska Court
Macomb MI 48044

\$ 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

Page Subtotal **\$225.00**

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 139422
2. Committee Name CTE Timothy F. Bussineau

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>07/15/20</u> Name & Address: Tom Sokol 20331 Vine Drive Macomb MI 48044 5. If over \$100.00 cumulative, please provide: Occupation <u>Insurance Owner</u> Employer <u>Self employed</u> Business Address <u>14500 Lakeside Circle Sterling Heights, MI 48313</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>250.00</u>	\$ _____
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/01/20</u> Name & Address: Debbie Petritis 14566 Colpaert Warren, MI 48088 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ _____
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/01/20</u> Name & Address: Diane Ligotti 6721 Emerald Lake Dr Troy mi 48085 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ _____
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/23/20</u> Name & Address: Derek Bruss 16671 Country Club Macomb Township, MI 48042 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ _____
		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 139422

2. Committee Name _____

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 03/07/20

Name & Address:

Pat Bruss
13771 Wellington Drive
Sterling Heights, MI 48313

\$ 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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 03/10/20

Name & Address

Julie Blanchard
52173 Highbury Ct.
Shelby Township, MI

\$ 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 06/01/20

Name & Address:

Linda Melcher
17670 Orange Grove
Macomb Township, MI 48042

\$ 60.00 \$ _____

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 _____

Name & Address

\$ _____ \$ _____

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 **\$135.00**

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 139422
2. Committee Name CTE Timothy F. Bussineau

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: Robin Elie 16698 Keith Drive Macomb Township, MI 48042		\$ <u>20.00</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 _____ Name & Address: Citizens for Honest Government 12995 23 Mile Road Shelby Township, MI 48315		\$ <u>500.00</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>06/20/20</u> Name & Address: Laura K. McLennan 27331 El Capitan Drive Warren, MI 48092		\$ <u>500.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Homemaker</u> Employer <u>Homemaker</u> 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>06/20/20</u> Name & Address: Evan Jurovick 51818 Lionel LN Chesterfield Twp, MI 48051		\$ <u>1000.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Real Estate</u> Employer <u>Pilot Property group</u> Business Address <u>44400 Van Dyke Ave Ste 101, Sterling Heights, MI 48314</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$2,020.00**

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 139422
2. Committee Name CTE Timothy F. Bussineau

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>06/02/20</u> Name & Address: Thomas Gaudette 30016 S. River Road Harrison Township, MI		\$ <u>1000.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Boat Broker</u> Employer <u>Self-employed</u> 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>07/15/20</u> Name & Address: Jeff Yaroeh 35545 Pound Road Richmond, MI		\$ <u>150.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Representative</u> Employer <u>State of Michigan</u> 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 **\$1,150.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **\$4,475.00**

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139422
2. Committee Name CTE Timothy F. Bussineau

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Anedot Inc Address 1340 Poydras Street Suite 1770 New Orleans LA 70112 ☐ Fund Raiser	Purpose: <u>online donation fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/06/20</u> Date	\$ <u>1.10</u>
Expenditure #2 Name Anedot Inc Address 1340 Poydras Street Suite 1770 New Orleans LA 70112 ☐ Fund Raiser	Purpose: <u>online donation fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/07/20</u> Date	\$ <u>2.30</u>
Expenditure #3 Name Anedot Inc Address 1340 Poydras Street Suite 1770 New Orleans LA 70112 ☐ Fund Raiser	Purpose: <u>online donation fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/26/20</u> Date	\$ <u>2.30</u>
Expenditure #4 Name Anedot Inc Address 1340 Poydras Street Suite 1770 New Orleans LA 70112 ☐ Fund Raiser	Purpose: <u>online donation fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/26/20</u> Date	\$ <u>4.30</u>
Expenditure #5 Name Anedot Inc Address 1340 Poydras Street Suite 1770 New Orleans LA 70112 ☐ Fund Raiser	Purpose: <u>online donation fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/26/20</u> Date	\$ <u>1.30</u>

Subtotal this page **\$11.30**

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 139422
2. Committee Name CTE Timothy F. Bussineau

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Anedot Inc Address 1340 Poydras Street Suite 1770 New Orleans LA 70112 ☐ Fund Raiser	Purpose: <u>online donation fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/26/20</u> Date	\$ <u>2.30</u>
Expenditure #2 Name Anedot Inc Address 1340 Poydras Street Suite 1770 New Orleans LA 70112 ☐ Fund Raiser	Purpose: <u>online donation fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/28/20</u> Date	\$ <u>2.30</u>
Expenditure #3 Name Anedot Inc Address 1340 Poydras Street Suite 1770 New Orleans LA 70112 ☐ Fund Raiser	Purpose: <u>online donation fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/02/20</u> Date	\$ <u>1.30</u>
Expenditure #4 Name Anedot Inc Address 1340 Poydras Street Suite 1770 New Orleans LA 70112 ☐ Fund Raiser	Purpose: <u>online donation fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/16/20</u> Date	\$ <u>1.30</u>
Expenditure #5 Name Anedot Inc Address 1340 Poydras Street Suite 1770 New Orleans LA 70112 ☐ Fund Raiser	Purpose: <u>online donation fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/29/20</u> Date	\$ <u>2.30</u>
Subtotal this page			\$9.50
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 _____

2. Committee Name _____

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #2 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page

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 139422
2. Committee Name CTE Timothy F. Bussineau

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Macomb Township Treasurer Address Macomb Township 54111 Broughton Road Macomb, MI 48042 ☐ Fund Raiser	Purpose: <u>Filing fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/28/20</u> Date	\$ <u>100.00</u>
Expenditure #2 Name Facebook Address Facebook 1 Hacker Way Menlo Park, CA 94025 ☐ Fund Raiser	Purpose: <u>Political Ads</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/19/20</u> Date	\$ <u>651.94</u>
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 **\$751.94**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$2,079.52**

Enter this total
on line 8a of
Summary Page