



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
20 OCT 23 PM 4:07

**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.

MARION COUNTY CLERK
MICHIGAN
This Statement covers From 8-25-20 to 10-18-20

1. Committee I.D. Number <u>139938</u>		4. Candidate Last Name <u>Wallace</u> First Name <u>Antionette</u> MI <u>L.</u> 4a. Office Sought Including District # or Community Served (If applicable) <u>County Commissioner, District #9</u> 4b. County of Residence <u>marion</u>	
2. Committee Name <u>CTE Antionette wallace</u>		6. Treasurer's Name & Residential Address <u>Marnette Cobb</u> <u>40396 Aynestey</u> <u>Clinton-Twp MI 48038</u> Area Code & Phone <u>313-443-1630</u>	
5. Committee's Mailing Address <u>124 Bellevue</u> <u>mt. clemens MI 48043</u> Area Code and Phone <u>586-467-5908</u> 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 <u>3210 Big Beaver</u> <u>Troy MI 48064</u> Area Code and Phone <u>313-443-1630</u>	
8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) <u>Suntaya Herring</u> <u>17635 Oakdale</u> <u>Roseville MI 48066</u> Area Code and Phone <u>586-443-6682</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>NOV. 3, 2020</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>Suntaya Herring</u> Type or Print Name <u>Suntaya Herring</u> Signature <u>Suntaya Herring</u>		Date <u>10-23-20</u>	
Candidate _____ Type or Print Name _____ Signature _____		Date _____	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number

139938

2. Committee Name

CTE Antionette Wallace

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a) \$	<u>1590</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c) \$	<u>1590</u>	(18) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)			
	(4) \$	_____	(19) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5) \$	<u>1590</u>	(20) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6) \$	<u>402.25</u>	(21) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7) \$	_____	(22) \$ _____
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a) \$	<u>1048.30</u>	
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>1048.30</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>38.06</u>	
14. Amount received during reporting period (Line 5: Total Contributions & Other Receipts)	(14) + \$	<u>1590</u>	
15. SUBTOTAL Add lines 13 and 14	(15) = \$	<u>1628.06</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16) - \$	<u>1048.30</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17) \$	<u>579.76</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1 Committee ID Number

139938

2 Committee Name

CTE Antionette Wallace

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 9-13-20

Name & Address

Melody Magee
25800 Timberline
Warren MI 48091

\$ 50.00

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

Occupation C Employer _____

Click Here for Memo Itemization

Business Address _____

Type of Contribution

☐ Direct

☐ Loan from a person

☐ Fund Raiser

3 Contribution #2

PAC Receipt? ☐ YES

4 Date of Receipt 9-22-20

Name & Address

Salma Khalil
12101 Volpe Dr.
Sterling Heights MI 48312

\$ 500.00

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

Occupation Attorney Employer Behman Legal Services

Click Here for Memo Itemization

Business Address 134 Market Mt. Clemens MI 48043

Type of Contribution

☐ Direct

☐ Loan from a person

☐ Fund Raiser

3 Contribution #3

PAC Receipt? ☐ YES

4 Date of Receipt 9-24-20

Name & Address

Matt Keys SR.
36458 Suffolk
Clinton Twp MI 48035

\$ 100.00

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

Occupation Analyst Employer ASK Steel

Click Here for Memo Itemization

Business Address 4001 Miller Dearborn MI 48120

Type of Contribution

☐ Direct

☐ Loan from a person

☐ Fund Raiser

3 Contribution #4

PAC Receipt? ☐ YES

4 Date of Receipt 9-29-20

Name & Address

Nancy Duemling
20770 Moxon
Clinton Twp MI 48036

\$ 15.00

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

665

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 ID Number

139938

2 Committee Name

OTE Antoinette Wallace

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 Name & Address Nancy Duemling 20776 Moxon Clinton Twp MI 48038	PAC Receipt? ☐ YES 4 Date of Receipt 9-29-20	\$ 15	
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 Name & Address Michelle De Baussaert 39856 Brylor Ct. Clinton Twp MI 48038	PAC Receipt? ☐ YES 4 Date of Receipt 9-29-20	\$ 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 Name & Address Teejay Peterson 31 Kendrick Attchmens MI 48043	PAC Receipt? ☐ YES 4 Date of Receipt 9-29-20	\$ 30	
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 Name & Address Reda Hammond 17325 Spenger East Pointe MI 48021	PAC Receipt? ☐ YES 4 Date of Receipt 9-29-20	\$ 30.-	
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

125

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 ID Number

139938

2 Committee Name

CTE Antionette Wallace

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

Name & Address

Gary C ynawa

45451 Fielding

Macomb MI 48042

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

Occupation Unemployed

Employer

Business Address

Type of Contribution

☐ Direct

☐ Loan from a person

☒ Fund Raiser

\$ 100

\$

Click Here for Memo Itemization

3 Contribution #2

PAC Receipt? ☐ YES

4 Date of Receipt

Name & Address

Melody Mager

25800 Timberline

Warren MI 48091

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

Occupation

Employer

Business Address

Type of Contribution

☐ Direct

☐ Loan from a person

☒ Fund Raiser

\$ 30

\$

Click Here for Memo Itemization

3 Contribution #3

PAC Receipt? ☐ YES

4 Date of Receipt

Name & Address

Rashida Hammond

290 Clinton River

Macomb MI 48043

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

Occupation

Employer

Business Address

Type of Contribution

☐ Direct

☐ Loan from a person

☒ Fund Raiser

\$ 30

\$

Click Here for Memo Itemization

3 Contribution #4

PAC Receipt? ☐ YES

4 Date of Receipt

Name & Address

Anthony Lewis

22600 Lakecrest

St. Clair Shores MI 48081

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

Occupation

Employer

Business Address

Type of Contribution

☐ Direct

☐ Loan from a person

☒ Fund Raiser

\$ 100

\$

Click Here for Memo Itemization

Page Subtotal

260

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 ID Number 139938
2 Committee Name CTG Antoinette Wallace

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 _____ Name & Address: <u>Amanda Esquivel</u> <u>3740 Burningtree</u> <u>Blomfield Hills MI 48302</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>5</u>	\$ _____
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address: <u>Kerrin Kramer</u> <u>3208 Grafton</u> <u>Ferndale MI 48220</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>20</u>	\$ _____
		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address: <u>Megan Faass</u> <u>38159 Westland</u> <u>Clinton TWP MI 48036</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>40</u>	\$ _____
		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address: <u>Suzanne Labadie</u> <u>812 W. 4th St.</u> <u>Royal Oak MI 48067</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>5</u>	\$ _____
		Click Here for Memo Itemization	

Page Subtotal

115

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 ID Number

139938

2. Committee Name

CTE Antoinette Wallace

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

Name & Address

Gina Capua
444 Steeple Chase Ct
Bloomfield Hills MI 48304

\$ 20

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

Name & Address

Rolanda Keeler
1048 Rosewood
Ferndale MI 48220

\$ 50

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

Name & Address

Cheryl Burnett
39161 Chantilly Dr
Sterling Heights MI 48313

\$ 45

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

Jeffrey Olind
1126 Lark
Lake Orion MI 48360

\$ 100

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

Click Here for Memo Itemization

Occupation

unemployed

Employer

Business Address

Type of Contribution

☐ Direct

☐ Loan from a person

☒ Fund Raiser

Page Subtotal

215

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

139938

2. Committee Name

CTE Antionette Wallace

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

Name & Address

Sheila Strunk
90 Eldridge
Mt. Clemens MI 48043

\$ 30

\$

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

Name & Address

Marquita Steanhause
4015 Norwich
Canton MI 48108

\$ 150

\$

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

Name & Address

Ebony Jamison
5048 Hurbutt St
Detroit MI 48213

\$ 15

\$

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

Ebony Jamison
5048 Hurbutt St
Detroit MI 48213

\$ 15

\$

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

210

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

1590

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I D Number

139938

2. Committee Name

CTE Antonette Wallace

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 Name & Address Marnette Cobb 40396 Amesley Clinton Twp MI 48038 If over \$100.00 cumulative, please provide: Occupation Employer Name & Business Address	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 Pasta & Sauce 5 Date Of Receipt 10-8-20 6 Vendor Name & Address: Sams Club 31720 Gratiot Roseville MI 48066	\$ 50.00	
☒ Fund Raiser Contribution			
Contribution # 2 Name & Address Brenda Johnson 16386 Corktree Romulus MI 4806 If over \$100.00 cumulative, please provide: Occupation Employer Name & Address	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 Paper products to go 5 Date Of Receipt 10-3-20 6 Vendor Name & Address: GFS 34300 Gratiot Clinton Twp MI 48035	\$ 76.24	
☒ Fund Raiser Contribution			
Contribution # 3 Name & Address Nanquita Steinhilber 4015 Norwich Clinton MI 48188 If over \$100.00 cumulative, please provide: Occupation Employer Name & Address Self employed 4015 Norwich Clinton MI 48188	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 Fish, green beans 5 Date Of Receipt 10/8/20 6 Vendor Name & Address: Costco 27118 Gratiot Roseville MI 48066	\$ 100.00	
☒ Fund Raiser Contribution			

Page Subtotal

226.24

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

Enter this total
on line 6 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1 Committee I D Number

139938

2 Committee Name

CTE Antionette Wallace

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

Markeda Landrum
743 S. Ave
Mt. Clemens MI 48043

If over \$100.00 cumulative, please provide:
Occupation

Employer Name & Business Address

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 Cake

5 Date Of Receipt 10-1-20

6 Vendor Name & Address:

Sams club
31720 Gratiot
Roseville MI 48066

Click Here for Memo Itemization

☒ Fund Raiser Contribution

Contribution # 2 PAC Receipt? ☐ Yes

Name & Address

Ronda Powell
22138 Chatsford circuit
Southfield MI 48034

If over \$100.00 cumulative, please provide:
Occupation

Employer Name & Address

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

5 Date Of Receipt

6 Vendor Name & Address:

Kruger
30851 Gratiot
Roseville MI 48066

Click Here for Memo Itemization

☒ Fund Raiser Contribution

Contribution # 3 PAC Receipt? ☐ Yes

Name & Address

Shirleya Herring
17635 Oakdale
Roseville MI 48066

If over \$100.00 cumulative, please provide:
Occupation

Employer Name & Address

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 Pasta & Sauce

5 Date Of Receipt 10-8-20

6 Vendor Name & Address:

Sams club
31720 Gratiot
Roseville MI 48066

Click Here for Memo Itemization

☒ Fund Raiser Contribution

Page Subtotal

176.01

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

400.25

Enter this total
on line 6 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 139938
2. Committee Name CTE Antionette Wallace

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name: <u>Van access</u> Address: <u>655 15th St NW Suite 650</u> <u>Washington DC 20005</u> ☐ Fund Raiser	Purpose: <u> voter list</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/26/20</u> Date	<u>\$ 150.-</u>
Expenditure #2 Name: <u>Office max</u> Address: <u>33840 Gratiot</u> <u>Clinton Twp MI 48035</u> ☐ Fund Raiser	Purpose: <u>envelopes</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/27/20</u> Date	<u>\$ 10.59</u>
Expenditure #3 Name: <u>Target</u> Address: <u>30877 Gratiot</u> <u>Clinton Twp MI 48035</u> ☐ Fund Raiser	Purpose: <u>paper</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/27/20</u> Date	<u>\$ 5.29</u>
Expenditure #4 Name: <u>Krysia Thompson</u> Address: _____ ☐ Fund Raiser	Purpose: <u>T-Shirts</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/28/20</u> Date	<u>\$ 77.-</u>
Expenditure #5 Name: <u>Walmart</u> Address: <u>45400 Mac-Ret-Dace</u> <u>Chesterfield MI 48037</u> ☐ Fund Raiser	Purpose: <u>Backpack giveaway</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/1/20</u> Date	<u>\$ 40.79</u>

Subtotal this page 283.67

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

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1 Committee I D Number

139938

2 Committee Name

CTE Antonette Wallace

3 Name and address of person or vendor to whom paid	4 Purpose (Required Information)	5 Date	6 Amount
Expenditure #1 Name Menards Address 45500 Marketplace Chesterfield MI 48057 ☐ Fund Raiser	Purpose <u>Backpack Giveaway</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/2/20</u> Date	\$ <u>145.78</u>
Expenditure #2 Name Menards Address 45500 Marketplace Chesterfield MI 48057 ☐ Fund Raiser	Purpose <u>Backpack Giveaway</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/2/20</u> Date	\$ <u>38.53</u>
Expenditure #3 Name Walmart Address 45400 Marketplace Chesterfield MI 48057 ☐ Fund Raiser	Purpose <u>Backpack Giveaway</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/3/20</u> Date	\$ <u>13.18</u>
Expenditure #4 Name Lowe's Address 35115 Gratiot Clinton Twp MI 48035 ☐ Fund Raiser	Purpose <u>Backpack Giveaway</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/4/20</u> Date	\$ <u>16.03</u>
Expenditure #5 Name Target Address 20877 Gratiot Clinton Twp MI 48035 ☐ Fund Raiser	Purpose <u>Backpack Giveaway</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/4/20</u> Date	\$ <u>17.12</u>
Subtotal this page			<u>230.64</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1 Committee I D Number

139938

2 Committee Name

CTE Antionette Wallace

3 Name and address of person or vendor to whom paid	4 Purpose (Required Information)	5 Date	6 Amount
Expenditure #1 Name Act blue Address 366 Summer St. Somerville MA 02144 ☐ Fund Raiser	Purpose <u>fund</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/4/20</u> Date	\$ <u>1.33</u>
Expenditure #2 Name Lowe's Address 3515 Gratiot Clinton township mi 48035 ☐ Fund Raiser	Purpose <u>Poles for Signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/4/20</u> Date	\$ <u>31.55</u>
Expenditure #3 Name Michaels Address 32078 Gratiot Roseville mi 48066 ☐ Fund Raiser	Purpose <u>Paper for lit drop</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/21/20</u> Date	\$ <u>5.28</u>
Expenditure #4 Name Michaels Address 32078 Gratiot Roseville mi 48066 ☐ Fund Raiser	Purpose <u>Paper for letters</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/21/20</u> Date	\$ <u>28.58</u>
Expenditure #5 Name American Graphics Address 34895 Groesbeck Clinton township mi 48035 ☐ Fund Raiser	Purpose <u>Lit drop material</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/22/20</u> Date	\$ <u>100.-</u>
Subtotal this page			<u>1166.74</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1 Committee I D Number 139938
2 Committee Name CTE Antonette Wallace

3 Name and address of person or vendor to whom paid	4 Purpose (Required Information)	5 Date	6 Amount
Expenditure #1 Name <u>Loves</u> Address <u>35115 S Gratiot</u> <u>Clinton Twp MI 48035</u> ☐ Fund Raiser	Purpose <u>Stakes for Signs</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/23/20</u> Date	<u>\$ 48.04</u>
Expenditure #2 Name <u>GFS</u> Address <u>34300 Gratiot</u> <u>Clinton Twp MI 48035</u> ☒ Fund Raiser	Purpose <u>catfish</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/24/20</u> Date	<u>\$ 20.26</u>
Expenditure #3 Name <u>Macomb county Elections</u> Address ☐ Fund Raiser	Purpose <u>late fees</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/1/20</u> Date	<u>\$ 75.-</u>
Expenditure #4 Name <u>Michaels</u> Address <u>32078 Gratiot</u> <u>Roseville MI 48066</u> ☐ Fund Raiser	Purpose <u>paper</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/2/20</u> Date	<u>\$ 30.48</u>
Expenditure #5 Name <u>Act Blue</u> Address <u>366 Summer St</u> <u>Somerville MA 02144</u> ☐ Fund Raiser	Purpose <u>fees</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/3/20</u> Date	<u>\$ 13.81</u>
Subtotal this page			<u>187.59</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1 Committee I D Number

139438

2 Committee Name

CTE Antionette Wallace

3 Name and address of person or vendor to whom paid	4 Purpose (Required Information)	5 Date	6 Amount
Expenditure #1 Name <u>Kroger</u> Address <u>30851 Gratiot</u> <u>Roseville mi 48066</u> ☒ Fund Raiser	Purpose <u>fish sup</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/9/20</u> Date	\$ <u>142.74</u>
Expenditure #2 Name <u>GFS</u> Address <u>34300 Gratiot</u> <u>Clinton Twp mi 48035</u> ☒ Fund Raiser	Purpose <u>fish sup</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/20</u> Date	\$ <u>36.92</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		<u>179.66</u>	
Grand Total of all Schedules 1B (Complete on last page of Schedule)		<u>1048.30</u>	

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee ID Number 139938

2. Committee Name CTE Antionette Wallace

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>Oct 10, 2020</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>30</u>	5. Type of Fund Raising Activity <u>Fish Fry</u>	6. Address and Name (if any) of the place where the activity was held. <u>320 Clinton River</u> <u>Utchens mi Dr</u> <u>48043</u> ☒ Private Residence
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7. Total Contributions 755.00

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) _____

10. Total Cost of Event 402.25
(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.