



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

139938

2. Committee Name

CTE Antonette Wallace

5. Committee's Mailing Address

124 Bellevue
Mt. Clemens Mi 48043

Area Code and Phone

586-467-5908
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

3310 Big Beaver #105
Troy Mi 48084

Area Code and Phone

313-443-1630

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

NOV. 3, 2020

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.)

3. This Statement covers From:

10-19-20 to 11-23-20

4. Candidate Last Name

Wallace

First Name

Antonette

M.I.

L.

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

County Commissioner, District 9

4b. County of Residence

Macomb

6. Treasurer's Name & Residential Address

Marnette Cobb
40396 Aynestey
Clinton Twp. Mi 48038

Area Code & Phone

313-443-1630

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

Buntaya Herring
17635 Oakdale
Roseville Mi 48066

Area Code and Phone

586-443-6682

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

Type or Print Name

Signature

Date

12-2-20

Candidate

Type or Print Name

Signature

Date

12-2-20



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>440.00</u>	(18.) \$ _____
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	(19.) \$ _____
c. Subtotal of "Contributions"	(3c.) \$	_____	(20.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	_____	_____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>440.00</u>	_____
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>18.77</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	_____	(22.) \$ _____
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>314.01</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>314.01</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>529.76</u>	_____
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>440.00</u>	_____
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>1019.76</u>	_____
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>314.01</u>	_____
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>705.75</u>	_____



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 10-23-20

Name & Address:

Kelly Hebron
6078 Kestner Circle
Alexandria, VA 22315

\$ 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 10-29-20

Name & Address:

Ebony Babbs-Brown
3275 W. Outer Dr
Detroit MI 48221

\$ 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 # 3 PAC Receipt? ☒ YES

4. Date of Receipt 10-22-20

Name & Address:

North Macomb PAC
45451 Fielding
Macomb MI 48042

\$ 100.- \$ _____

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 11-5-20

Name & Address:

Operating Engineers Local 324
500 Hulet Drive
Bloomfield Twp, MI 48302

\$ 250.- \$ _____

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

390

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 139938
2. Committee Name CTE Antonette 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 11-13-20
Name & Address:

Darnell Blackburn
47728 Rail
Shelby Twp MI 48315

\$ 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 #2 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

3. Contribution #3 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

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

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

50
440

Enter this total on
line 3a of Summary
Page.



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:

Antionette Wallace

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 Facebook ADS

5. Date Of Receipt: OCT 27th - NOV 3rd

6. Vendor Name & Address:

Facebook
1 Hackerway
Menlo Park, CA 94025

Click Here for Memo Itemization

☐ Fund Raiser Contribution

Contribution #2 PAC Receipt? ☐ Yes

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:

Click Here for Memo Itemization

☐ Fund Raiser Contribution

Contribution #3 PAC Receipt? ☐ Yes

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:

Click Here for Memo Itemization

☐ Fund Raiser Contribution

Page Subtotal

18.77

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

18.77

Enter this total
on line 6 of Summary
Page

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>walmart</u> Address <u>45400 Market place</u> <u>clisterfield mi 48057</u> ☐ Fund Raiser	Purpose <u>Cash box</u>	<u>10/24/20</u> s <u>21.17</u> Date	
Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement			
Expenditure #2 Name <u>American Graphics</u> Address <u>34895 Griesbeck</u> <u>Clinton Twp mi 48035</u> ☐ Fund Raiser	Purpose <u>Literature</u>	<u>10/27/20</u> s <u>100.-</u> Date	
Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement			
Expenditure #3 Name <u>Sams club</u> Address <u>31720 Gratiot</u> <u>Roseville mi 48066</u> ☐ Fund Raiser	Purpose <u>Watch Party food</u>	<u>11/3/20</u> s <u>20.54</u> Date	
Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement			
Expenditure #4 Name <u>Target</u> Address <u>33860 S. Gratiot</u> <u>Clinton Twp mi 48035</u> ☐ Fund Raiser	Purpose <u>watch party food</u>	<u>11/3/20</u> s <u>40.87</u> Date	
Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement			
Expenditure #5 Name <u>Sams club</u> Address <u>31720 Gratiot</u> <u>Roseville mi 48066</u> ☐ Fund Raiser	Purpose <u>watch party items</u>	<u>11/3/20</u> s <u>86.26</u> Date	
Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement			

Subtotal this page

268.84

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 / D. Number 1399 38
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>Sunoco</u> Address <u>1160 S. Broad Street</u> <u>Ut. Clemens M. 4843</u> ☐ Fund Raiser	Purpose: <u>Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/4/20</u> Date	<u>\$ 10.</u>
Expenditure #2 Name <u>Act blue</u> Address <u>366 Summer St.</u> <u>Somerville MA 02144</u> ☐ Fund Raiser	Purpose: <u>fee's</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/4/20</u> Date	<u>\$ 10.97</u>
Expenditure #3 Name <u>Act Blue</u> Address <u>366 Summer St</u> <u>Somerville MA 02144</u> ☐ Fund Raiser	Purpose: <u>fee's</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/6/20</u> Date	<u>\$ 24.20</u>
Expenditure #4 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	_____ \$
Expenditure #5 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	_____ \$

Subtotal this page

45.17

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

34.01

Enter this total
on line 8a of
Summary Page