



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: 8/25/20 to 10/18/20

1. Committee I.D. Number

138663

2. Committee Name

CTE Anthony Wickersham

4. Candidate Last Name

Wickersham

First Name

Anthony

M.I.

M

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

Sheriff

4b. County of Residence **MACOMB**

6. Treasurer's Name & Residential Address

Lauren Wickersham

72426 Sorrel

Bruce Township, MI 48056

Area Code & Phone (586) 713-8883

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

Area Code and Phone

5. Committee's Mailing Address

P.O. Box 752

Mt. Clemens, MI 48046

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.

7. Treasurer's Business Address

72426 Sorrel

Bruce Township, MI 48056

Area Code and Phone (586) 713-8883

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

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 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.

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 Lauren Wickersham

Type or Print Name

Signature

Date

10/21/2020

Candidate Anthony Wickersham

Type or Print Name

Signature

Date

10/21/2020



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138663

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Anthony Wickersham

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>18,200.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>18,200.00</u>	(18.) \$ <u>18,200.00</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>18,200.00</u>	(20.) \$ <u>\$66,585.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$1,188.19</u>	(21.) \$ <u>\$6,632.19</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>\$23,500.29</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>\$30.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$23,530.29</u>	(23.) \$ <u>\$37,032.34</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$17,092.50</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>\$17,092.50</u>	(24.) \$ <u>\$59,743.59</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>\$56,055.24</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>18,200.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>74,255.24</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$40,622.79</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$33,632.45</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138663
2. Committee Name CTE Anthony Wickersham

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>09/02/20</u> Name & Address: Committee to Elect Mat King Sheriff 125 Cuttle Rd G-57 Marysville, MI 48040		\$ <u>100.00</u>	\$ <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	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/17/20</u> Name & Address: James Langtry 54847 Congaree Dr. Macomb, MI 48042		\$ <u>100.00</u>	\$ <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	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/03/20</u> Name & Address: Chris Peyerck Living Trust 12955 23 Mile Rd Shelby Twp., MI 48315		\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Dan's Excavating</u> Business Address <u>12955 23 Mile Rd, Shelby Twp, MI 48315</u> 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>09/08/20</u> Name & Address: Dominic Mattina 6652 Chianti Ct. Shelby Twp., MI 48316		\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>D.M. Custom Homes</u> Business Address <u>66691 Van Dyke, Washington, MI 48095</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$2,200.00**

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 138663

2. Committee Name CTE Anthony Wickersham

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>09/09/20</u> Name & Address: <u>James Thomas</u> <u>49544 Compass Pt. Dr.</u> <u>Chesterfield, MI 48047</u>		\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Thomas & Naughton PLC</u> Business Address <u>535 Griswold, Ste 2500, Detroit, MI 48226</u> 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>08/28/20</u> Name & Address: <u>Rinaldo Acciavatti</u> <u>6321 Gratiot</u> <u>St. Clair, MI 48079</u>		\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Pamar Enterprises</u> Business Address <u>31604 Pamar Ct. New Haven, MI 48048</u> 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>09/03/20</u> Name & Address: <u>Chester Zochowski</u> <u>15355 32 Mile Rd.</u> <u>Ray, MI 48096</u>		\$ <u>1000.00</u>	\$ <u>1000.00</u>
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		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/03/20</u> Name & Address: <u>Paul Hurley</u> <u>58631 Cory Lake Dr.</u> <u>Washington, MI 48094</u>		\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Insurance Sales</u> Employer <u>Guy, Hurley, Blanco & Hever LLC</u> Business Address <u>1080 Kirts Troy, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$4,000.00

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 138663

2. Committee Name CTE Anthony Wickersham

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>09/03/20</u> Name & Address: <u>Giuseppe Ferro</u> <u>5082 Seven Lakes Dr. S</u> <u>Washington, MI 48095</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>F&M Contractors, Inc</u> Business Address <u>2201 Hamlin Rd. Shelby Twp., MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>1000.00</u>	\$ <u>1000.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/03/20</u> Name & Address: <u>Paul Jankowski</u> <u>949 Hillsboro</u> <u>Hillsboro Beach, FL 33062</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Sterling Managemen, Inc.</u> Business Address <u>6939 19 Mile Rd, Sterling Heights, MI 48314</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>1000.00</u>	\$ <u>1000.00</u>
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/31/20</u> Name & Address: <u>Gregory Iacobelli</u> <u>55639 Christy Dr.</u> <u>Chesterfield, MI 48051</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Concord</u> Business Address <u>51435 Industrial Dr. Macomb, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>1000.00</u>	\$ <u>1000.00</u>
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/03/20</u> Name & Address: <u>Mark Johnston</u> <u>32697 N. River Rd</u> <u>Harrison Twp., MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Ajay Paving</u> Business Address <u>830 Kirts Blvd. Troy, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>2000.00</u>	\$ <u>2000.00</u>
		Click Here for Memo Itemization	

Page Subtotal \$5,000.00

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 138663

2. Committee Name CTE Anthony Wickersham

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>09/03/20</u>	
Name & Address: Rhonda Johnson 7787 Glacier Club Washington, MI 48094		\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Housewife</u> 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>09/03/20</u>	
Name & Address: Christopher Kuzak 12 Oakland Park Blvd. Pleasant Ridge, MI 48069		\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Developer</u> Employer <u>Blaze Contracting, Inc.</u> Business Address <u>5640 St. Jean Detroit, MI 48213</u> 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>09/04/20</u>	
Name & Address: Thomas Kemp 8459 Tipsico Tr Holly, MI 48442		\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Kemp Building</u> Business Address <u>275 W Grand Ave, Madison Heights, MI 48071</u> 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>09/03/20</u>	
Name & Address: Ronald Meisel 52439 Indian Summer Dr Chesterfield, MI 48051		\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Surgeon</u> Employer <u>Orthopedic Surgery of Macomb</u> Business Address <u>16570 19 Mile Rd. Clinton Twp., MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$4,000.00

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 138663

2. Committee Name CTE Anthony Wickersham

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>09/03/20</u>	
Name & Address: <u>Anthony Lombardo Trust</u> <u>13001 23 Mile Rd. Ste. 200</u> <u>Shelby Twp, MI 48315</u>		\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Lombardo Homes</u> Business Address <u>13001 23 Mile Road, Suite 200Shelby Township, MI 48315</u> 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>09/03/20</u>	
Name & Address: <u>Lawrence Scott</u> <u>12900 Hall Rd. Ste. 350</u> <u>Sterling Heights, MI 48313</u>		\$ <u>1000.00</u>	\$ <u>1400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>O'Reilly Rancilio</u> Business Address <u>12900 Hall Rd. Ste. 350 Sterling Heights, MI 48313</u> 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>08/24/20</u>	
Name & Address: <u>Donald Roberts, Jr.</u> <u>6289 Mabley Hill Rd.</u> <u>Fenton, MI 48430</u>		\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>D & R EarthMoving</u> Business Address <u>5840 Sterling Drive, #420, Howell, MI 48843</u> 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 **\$3,000.00**

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

\$18,200.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **138663**

CANDIDATE COMMITTEE

2. Committee Name **CTE Anthony Wickersham**

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: Justin Peyerk 53314 Jacklyn Dr. Shelby Twp., MI 48315 If over \$100.00 cumulative, please provide: Occupation: Owner Employer Name & Business Address: DEI Management, Inc. 12955 23 Mile Rd. Shelby Twp., MI 48315	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 Food and Beverages for Event 5. Date Of Receipt: 09/03/20 6. Vendor Name & Address: Randazzo's Fresh Market 49800 Hayes Rd. Macomb, MI 48044	\$ 1188.19	\$ 1188.19
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: 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:	\$ \$	
Contribution #3 PAC Receipt? ☐ Yes Name & Address: 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:	\$ \$	

Page Subtotal

\$1,188.19

\$1,188.19

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

\$1,188.19

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 138663
2. Committee Name CTE Anthony Wickersham

3. Name and address of person or vendor to whom paid	4. Purpose (Required information)	5. Date	6. Amount
Expenditure #1 Name Home Depot Address 20777 Hall Rd. Macomb, MI 48044 ☐ Fund Raiser	Purpose: <u>Poles for signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/10/20</u> Date	\$ <u>122.75</u>
Expenditure #2 Name Aspen Restaurant Address 20333 Hall Rd Macomb, MI 48044 ☐ Fund Raiser	Purpose: <u>Lunch for sign helpers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/12/20</u> Date	\$ <u>82.22</u>
Expenditure #3 Name J's Silkscreens Address 18132 10 Mile Rd. Eastpointe, MI 48021 ☐ Fund Raiser	Purpose: <u>Shirts</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/22/20</u> Date	\$ <u>871.70</u>
Expenditure #4 Name Lowe's Address 3277 S. Rochester Rd. Rochester Hills, MI 48307 ☐ Fund Raiser	Purpose: <u>poles for signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/19/20</u> Date	\$ <u>66.46</u>
Expenditure #5 Name American Graphics Address 34895 Groesbeck Hwy. Clinton Twp, MI 48035 ☐ Fund Raiser	Purpose: <u>Print of mailers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/20</u> Date	\$ <u>6264.35</u>

Subtotal this page **\$7,407.48**

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 138663
2. Committee Name CTE Anthony Wickersham

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ABC Mailing Services Address 1725 E. 14 Mile Rd., Ste. 120 Troy, MI 48083 ☐ Fund Raiser	Purpose: <u>Mailing of mailers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/20</u> Date	\$ <u>14014.81</u>
Expenditure #2 Name Campaign Professionals Address 34092 Al Dr. Sterling Heights, MI 48312 ☐ Fund Raiser	Purpose: <u>Writeup of Mailer</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/20</u> Date	\$ <u>1500.00</u>
Expenditure #3 Name Paw Graphics Group Address 214 Crocker Blvd. Mt. Clemens, MI 48043 ☐ Fund Raiser	Purpose: <u>Design & Layout for Mailer</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/20</u> Date	\$ <u>578.00</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 **\$16,092.81**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$23,500.29**

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**

(For use by officeholders only)

1. Committee I. D. Number 138663
2. Committee Name CTE Anthony Wickersham

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: Vets Returning Home 58871 Christopher Rd. Ray, MI 48096	Purpose Sponsor	08/26/20 Date	\$250.00
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement Code <u>GO/KO</u> ☒ Fund Raiser			
Disbursement # 2 Name & Address: Discovery Center of Macomb P.O. Box 463101 Mt. Clemens, MI 48046	Purpose Donation	08/27/20 Date	\$100.00
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement Code _____ ☐ Fund Raiser			
Disbursement # 3 Name & Address: 5 Star Billboard P.O. Box 252755 West Bloomfield, MI 48325	Purpose Digital Ad	08/31/20 Date	\$10,000.00
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement Code <u>KO</u> ☐ Fund Raiser			
Disbursement # 4 Name & Address: Base Community Council P.O. Box 450064 Selfridge ANG Base, MI 48045	Purpose Dues	09/09/20 Date	\$150.00
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement Code <u>BO</u> ☐ Fund Raiser			
Subtotal this page			\$10,500.00
Grand Total of all Schedules 1C (Complete on last page of Schedule)			

Enter this total
on line 10a of
Summary Page

***PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES**

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**

(For use by officeholders only)

1. Committee I. D. Number 138663
2. Committee Name CTE Anthony Wickersham

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: FAN 18900 15 Mile Rd. Clinton Twp., MI 48035	Purpose Ad- Sponsor	09/11/20 Date	\$250.00
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement Code <u>GO/KO</u> ☒ Fund Raiser			
Disbursement # 2 Name & Address: Wertz Warriors 36870 Green St. New Baltimore, MI 48047	Purpose Foursome/Sponsor	09/15/20 Date	\$100.00
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement Code <u>GO/KO</u> ☒ Fund Raiser			
Disbursement # 3 Name & Address: C&G Newspapers 13650 11 Mile Rd. Warren, MI 48089	Purpose Newspaper Ad	09/16/20 Date	\$1,664.00
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement Code <u>KO</u> ☐ Fund Raiser			
Disbursement # 4 Name & Address: Warren Area Democratic Pack 31428 Saratoga Dr. Warren, MI 48093	Purpose Mailer Donation	09/23/20 Date	\$500.00
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement Code <u>KO</u> ☐ Fund Raiser			
Subtotal this page			\$2,514.00
Grand Total of all Schedules 1C (Complete on last page of Schedule)			

Enter this total
on line 10a of
Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**

(For use by officeholders only)

1. Committee I. D. Number 138663
2. Committee Name CTE Anthony Wickersham

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: Prime Site Media 800 E. Ellis Rd. Norton Shores, MI 49441	Purpose Digital Ad	09/23/20 Date	\$2,000.00
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement Code <u>KO</u> ☐ Fund Raiser			
Disbursement # 2 Name & Address: Mt. Clemens Lions Club 165 Crocker Blvd. Mt. Clemens, MI 48043	Purpose Quarterly Dues	10/01/20 Date	\$85.00
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement Code <u>BO</u> ☐ Fund Raiser			
Disbursement # 3 Name & Address: Italian Tribune P.O. Box 380407 Clinton Twp., MI 48038	Purpose Ad	10/02/20 Date	\$277.00
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement Code <u>KO</u> ☐ Fund Raiser			
Disbursement # 4 Name & Address: New Baltimore Goodfellows P.O. Box 82 New Baltimore, MI 48047	Purpose quarter page ad	10/02/20 Date	\$100.00
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement			
Disbursement Code <u>KO</u> ☐ Fund Raiser			
Subtotal this page			\$2,462.00
Grand Total of all Schedules 1C (Complete on last page of Schedule)			

Enter this total
on line 10a of
Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**

(For use by officeholders only)

1. Committee I. D. Number 138663
2. Committee Name CTE Anthony Wickersham

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: C&G Newspapers 13650 11 Mile Rd. Warren, MI 48089	Purpose <u>Newspaper Ad</u>	<u>10/13/20</u> Date	<u>\$1,616.50</u>
Click for Memo Itemization Type			
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>KO</u>	☐ Fund Raiser	
Disbursement # 2 Name & Address:	Purpose		\$
Click for Memo Itemization Type			
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>BO</u>	☐ Fund Raiser	
Disbursement # 3 Name & Address:	Purpose		\$
Click for Memo Itemization Type			
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code	☐ Fund Raiser	
Disbursement # 4 Name & Address:	Purpose		\$
Click for Memo Itemization Type			
☐ Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code	☐ Fund Raiser	
Subtotal this page			\$1,616.50
Grand Total of all Schedules 1C (Complete on last page of Schedule)			\$17,092.50

Enter this total
on line 10a of
Summary Page

***PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES**

Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138663
2. Committee Name CTE Anthony Wickersham

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>09/03/20</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>20</u>	5. Type of Fund Raising Activity <u>Boating Fundraiser</u>	6. Address and Name (If any) of the place where the activity was held. ☐ Private Residence
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7. Total Contributions \$18,000.00
8. Other Receipts \$0.00
9. Gross Receipts (Add lines 7 and 8) \$18,000.00
10. Total Cost of Event \$1,188.19
(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.