



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 139825		3. This Statement covers From: 10/19/20 to 11/23/20	
2. Committee Name CTE Wendy Jones		4. Candidate Last Name Jones First Name Wendy M.I. J 4a. Office Sought Including District # or Community Served (If applicable) Chesterfield Township Clerk 4b. County of Residence MACOMB	
5. Committee's Mailing Address 50826 W Shamrock Chesterfield MI 48047 Area Code and Phone (586) 405-2198 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 Wendy Jones 50826 W Shamrock Chesterfield MI 48047 Area Code & Phone (586) 405-2198	
7. Treasurer's Business Address Wendy Jones 50826 W Shamrock Chesterfield MI 48047 Area Code and Phone (586) 405-2198		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Wendy Jones 50826 W Shamrock Chesterfield MI 48047 Area Code and Phone (586) 405-2198	
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 11/03/20		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 Wendy Jones Type or Print Name		Wendy Jones Signature Date 12/01/2020	
Candidate Wendy Jones Type or Print Name		Wendy Jones Signature Date 12/01/2020	

FILED
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139825

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Wendy Jones

RECEIPTS		Column I This Period.	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>4,220.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$4,220.00</u>	(18.) \$ <u>\$16,270.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>\$0.00</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$4,220.00</u>	(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.) \$	<u>\$4,819.28</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>\$4,819.28</u>	(23.) \$ <u>\$16,260.96</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>\$0.00</u>	(24.) \$ _____
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>\$608.32</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$4,220.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$4,828.32</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$4,819.28</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$9.04</u>	



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139825
2. Committee Name CTE Wendy Jones

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>10/19/20</u> Name & Address: <u>UAW Michiga V-PAC</u> <u>8000 E Jefferson</u> <u>Detroit MI 48214</u>		\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PAC FUND</u> Employer <u>UAW</u> Business Address <u>UAW 8000 E Jefferson Detroit MI 48214</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>10/22/20</u> Name & Address: <u>Wayne Webber</u> <u>44710 Morley DR Clinton Twp 48036</u>		\$ <u>500.00</u>	\$ <u>500.00</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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/20</u> Name & Address: <u>Wendy Jones</u> <u>50826 W Shamrock Dr</u> <u>Chesterfield MI 48047</u>		\$ <u>2000.00</u>	\$ <u>7800.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Realtor</u> Employer <u>Real Estate One</u> Business Address <u>47800 Gratiot Ave Chesterfield MI 48051</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>11/01/20</u> Name & Address: <u>Wendy Jones</u> <u>50826 W Shamrock Dr</u> <u>Chesterfield MI 48047</u>		\$ <u>400.00</u>	\$ <u>8200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Realtor</u> Employer <u>Real Estate One</u> Business Address <u>47800 Gratiot Ave Chesterfield MI 48051</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$3,900.00

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

\$4,220.00

Enter this total on
line 3a of Summary
Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139825
2. Committee Name CTE Wendy Jones

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>11/22/20</u> Name & Address: <u>Wendy Jones</u> <u>50826 W Shamrock</u> <u>Chesterfield MI 48047</u>		\$ <u>320.00</u>	\$ <u>8250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Realtor</u> Employer <u>Real Estate One</u> Business Address <u>47800 Gratiot Ave Chesterfield MI 48047</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 _____ 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 #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 \$320.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **\$4,220.00**

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139825**
2. Committee Name **CTE Wendy Jones**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name USPS Permit 320 Address Mass Mailing Mail House 35468 Mound RD Sterling Hts MI ☐ Fund Raiser	Purpose: Post Card Postage ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/22/20 Date	\$ 2330.00 Click Here for Memo Itemization Type
Expenditure #2 Name American Graphics Address 34895 Groesbeck Hwy Clinton Twp MI ☐ Fund Raiser	Purpose: Post Card ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/22/20 Date	\$ 1039.86 Click Here for Memo Itemization Type
Expenditure #3 Name Chesterfield Township Address 47275 Sugarbush Rd Chesterfield MI 48047 ☐ Fund Raiser	Purpose: Labels ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/28/20 Date	\$ 24.50 Click Here for Memo Itemization Type
Expenditure #4 Name USPS Address 23 Mile Rd New Baltimore MI 48047 ☐ Fund Raiser	Purpose: Postage ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/29/20 Date	\$ 220.00 Click Here for Memo Itemization Type
Expenditure #5 Name Mass Mail House Address Mass Mailing Mail House 35468 Mound RD Sterling Hts MI ☐ Fund Raiser	Purpose: Mail House Fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/22/20 Date	\$ 425.00 Click Here for Memo Itemization Type

Subtotal this page

\$4,039.36

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

\$4,819.28

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139825
2. Committee Name CTE Wendy Jones

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>American Graphics</u> Address <u>34895 Groesbeck Hwy</u> <u>Clinton Twp MI</u> ☐ Fund Raiser	Purpose: <u>Post Card</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/20</u> Date	<u>\$ 307.4</u>
Expenditure #2 Name <u>Digital 455</u> Address <u>200 S Washington AVE Suite 2</u> <u>Royal Oak MI 48067</u> ☐ Fund Raiser	Purpose: <u>Social Media</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/04/20</u> Date	<u>\$ 372.52</u>
Expenditure #3 Name <u>Poppy Design</u> Address <u>23225 Oakwood</u> <u>Eastpoint MI 48021</u> ☐ Fund Raiser	Purpose: <u>Post Card Design</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/20/20</u> Date	<u>\$ 100.00</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 **\$779.92**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$4,819.28**

Enter this total
on line 8a of
Summary Page