



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 138224		3. This Statement covers From: <u>08/25/20</u> to <u>10/18/20</u>	
2. Committee Name CTE David Joseph		4. Candidate Last Name Joseph First Name David M.I. M. 4a. Office Sought Including District # or Community Served (If applicable) Chesterfield Township Trustee 4b. County of Residence MACOMB	
5. Committee's Mailing Address 28637 Buckinghamshire Dr. Chesterfield, MI 48047 Area Code and Phone <u>(586) 212-3148</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.		6. Treasurer's Name & Residential Address Christine Joseph 28637 Buckinghamshire Dr. Chesterfield, MI 48047 Area Code & Phone <u>(586) 980-0694</u>	
7. Treasurer's Business Address 28637 Buckinghamshire Dr. Chesterfield, MI 48047 Area Code and Phone <u>(586) 980-0694</u>		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Area Code and Phone _____	
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>11/03/20</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 Christine Joseph Type or Print Name		Signature <i>Christine Joseph</i> Date <u>10/23/20</u>	
Candidate David Joseph Type or Print Name		Signature <i>David Joseph</i> Date <u>10/23/20</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138224

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE David Joseph

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2,275.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$2,275.00</u>	(18.) \$ <u>\$17,985.00</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>\$2,275.00</u>	(20.) \$ <u>\$17,985.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$0.00</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>\$4,139.35</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>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$4,139.35</u>	(23.) \$ <u>\$11,501.77</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.) \$ <u>\$0.00</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>\$8,361.50</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$2,275.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$10,636.50</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$4,139.35</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$6,497.15</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 138224

2. Committee Name CTE David Joseph

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>10/07/20</u>	
Name & Address: Marvin Karana 4430 Woodridge Ct. Waterford, MI 48328		\$ <u>550.00</u>	\$ <u>1,050.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self-Employed</u> Business Address <u>4430 Woodridge Ct., Waterford, MI 48328</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>10/14/20</u>	
Name & Address: Glenn McCandliss 29475 Tiffin Chesterfield, MI 48047		\$ <u>25.00</u>	\$ <u>225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self-Employed</u> Business Address <u>7397 Bernice Street, Centerline, MI 48015</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>10/05/20</u>	
Name & Address: Matthew Vale 37921 N. Bonkay Dr. Clinton Township, MI 48036		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Value Real Estate & INV Group LLC</u> Business Address <u>43599 Schoenherr Rd., Suite 100, Sterling Heights, MI 48313</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 \$775.00

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

Committee ID Number 138224

Committee Name CTE David Joseph

Enter contributor's name and address. If contributor is not an individual, enter last name, first name, middle initial. Check box to indicate if contributor is not a Political Committee or an Independent Committee (PAC). Record all contributions regardless of amount.

1. Contribution # 1 PAC Recd? ☒ YES 4. Date of Receipt 10/13/20
Name & Address

Raeone Badalamenti
19500 Hall Rd., Suite 100
Clinton Township, MI 48038

\$ 150.00 \$ 350.00

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

Occupation Attorney Employer Kirk, Huth, Lange & Badalamenti

[Click Here for Memo Itemization](#)

Business Address 19500 Hall Rd., Suite 100, Clinton Township, MI 48038

Type of Contribution ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 2 PAC Recd? ☐ YES 4. Date of Receipt 10/13/20
Name & Address

Robert Kirk
19500 Hall Rd., Suite 100
Clinton Township, MI 48038

\$ 150.00 \$ 350.00

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

Occupation Attorney Employer Kirk, Huth, Lange & Badalamenti

[Click Here for Memo Itemization](#)

Business Address 19500 Hall Rd., Suite 100, Clinton Township, MI 48038

Type of Contribution ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Recd? ☐ YES 4. Date of Receipt 10/13/20
Name & Address

Robert Huth, Jr.
19500 Hall Road, Suite 100
Clinton Township, MI 48038

\$ 150.00 \$ 350.00

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

Occupation Attorney Employer Kirk, Huth, Lange & Badalamenti

[Click Here for Memo Itemization](#)

Business Address 19500 Hall Rd., Suite 100, Clinton Township, MI 48038

Type of Contribution ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Recd? ☐ YES 4. Date of Receipt 10/13/20
Name & Address

Marvin Lewicki
8147 River
Cottrellville, MI 48039

\$ 1,050.00 \$ 1,050.00

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

Occupation Owner Employer Ryan's Auto Parts

[Click Here for Memo Itemization](#)

Business Address 9309 Hubbell Street Detroit, Michigan 48228

Type of Contribution ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal \$ 1,500.00

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

\$ 2,275.00

Enter this total on
line 3a of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 138224

2. Committee Name CTE David Joseph

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>SignRocket</u> Address <u>340 Broadway Ave.</u> <u>St. Paul Park, MN 55071</u> ☐ Fund Raiser	Purpose: <u>Signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/10/20</u> Date	<u>\$ 531.75</u>
Expenditure #2 Name <u>Harbor Freight</u> Address <u>27953 23 Mile Rd</u> <u>New Baltimore, MI 48051</u> ☐ Fund Raiser	Purpose: <u>Sign hardware</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/19/20</u> Date	<u>\$ 52.51</u>
Expenditure #3 Name <u>Lowe's</u> Address <u>27990 23 Mile Rd</u> <u>Chesterfield, MI 48051</u> ☐ Fund Raiser	Purpose: <u>Sign posts</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/21/20</u> Date	<u>\$ 86.59</u>
Expenditure #4 Name <u>21 Century Media</u> Address <u>PO Box 65130</u> <u>Colorado Springs, CO 80962</u> ☐ Fund Raiser	Purpose: <u>The Voice News ad (all done in house)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/23/20</u> Date	<u>\$ 390.00</u>
Expenditure #5 Name <u>BJ's Fuel</u> Address <u>45101 Towne Center Blvd</u> <u>Chesterfield, MI 48047</u> ☐ Fund Raiser	Purpose: <u>Gas</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/24/20</u> Date	<u>\$ 41.34</u>

Subtotal this page \$1,102.19

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 138224
2. Committee Name CTE David Joseph

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>BJs Warehouse</u> Address <u>45101 Towne Center Blvd</u> <u>Chesterfield, MI 48047</u> ☐ Fund Raiser	Purpose: <u>Drinks/candy Halloween Event</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/25/20</u> Date	<u>\$ 136.69</u>
Expenditure #2 Name <u>Lowe's</u> Address <u>27990 23 Mile Rd</u> <u>Chesterfield, MI 48051</u> ☐ Fund Raiser	Purpose: <u>Sign posts</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/27/20</u> Date	<u>\$ 113.17</u>
Expenditure #3 Name <u>All Pro Color</u> Address <u>20750 Chesley Dr</u> <u>Farmington, MI 48336</u> ☐ Fund Raiser	Purpose: <u>Campaign stickers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/29/20</u> Date	<u>\$ 120.26</u>
Expenditure #4 Name <u>All Pro Color</u> Address <u>20750 Chesley Dr</u> <u>Farmington, MI 48336</u> ☐ Fund Raiser	Purpose: <u>Postcards/door hangers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/30/20</u> Date	<u>\$ 845.76</u>
Expenditure #5 Name <u>VistaPrint.com</u> Address <u>275 Wyman Street</u> <u>Waltham MA 02451</u> ☐ Fund Raiser	Purpose: <u>Banner</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/29/20</u> Date	<u>\$ 27.95</u>
Subtotal this page			\$1,243.83
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 138224

2. Committee Name CTE David Joseph

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Mass Mailing</u> Address <u>35468 Mound Road</u> <u>Sterling Heights, MI 48310</u> ☐ Fund Raiser	Purpose: <u>Mailing fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/30/20</u> Date	<u>\$ 188.03</u>
Expenditure #2 Name <u>Postmaster</u> Address <u>35339 23 Mile Road</u> <u>New Baltimore, MI 48047</u> ☐ Fund Raiser	Purpose: <u>Postage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/30/20</u> Date	<u>\$ 1,002.47</u>
Expenditure #3 Name <u>Anedot</u> Address <u>1340 Poydras Street</u> <u>New Orleans, LA 70112</u> ☐ Fund Raiser	Purpose: <u>Bank fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/07/20</u> Date	<u>\$ 22.30</u>
Expenditure #4 Name <u>Hortos Advertising</u> Address <u>6715 River Road</u> <u>Cottrellville, MI 48039</u> ☐ Fund Raiser	Purpose: <u>Design fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/09/20</u> Date	<u>\$ 138.00</u>
Expenditure #5 Name <u>Anedot</u> Address <u>1340 Poydras Street</u> <u>New Orleans, LA 70112</u> ☐ Fund Raiser	Purpose: <u>Bank fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/20</u> Date	<u>\$ 1.30</u>
Subtotal this page			\$1,352.10
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 138224
2. Committee Name CTE David Joseph

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>All Pro Color</u> Address <u>20750 Chesley Dr</u> <u>Farmington, MI 48336</u> ☐ Fund Raiser	Purpose: <u>Postcards</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/20</u> Date	<u>\$ 365.99</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Barb Dixon</u> Address <u>52360 Walnut</u> <u>Chesterfield, MI 48047</u> ☐ Fund Raiser	Purpose: <u>Campaign shirt embroidery</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/20</u> Date	<u>\$ 54.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>Home Depot</u> Address <u>51315 Gratoit</u> <u>Chesterfield, MI 48047</u> ☐ Fund Raiser	Purpose: <u>Sign hardware</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/20</u> Date	<u>\$ 21.24</u> Click Here for Memo Itemization Type
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Subtotal this page			\$441.23
Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$4,139.35

Enter this total
on line 8a of
Summary Page