



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>10/19/20</u> to <u>11/23/20</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 (586) 212-3148 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 (586) 980-0694	
7. Treasurer's Business Address 28637 Buckinghamshire Dr. Chesterfield, MI 48047 Area Code and Phone (586) 980-0694		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>12/3/20</u>	
Candidate David Joseph Type or Print Name		Signature <i>David Joseph</i> Date <u>12/3/20</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>2,250.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$2,250.00</u>	(18.) \$ <u>\$20,235.00</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>\$2,250.00</u>	(20.) \$ <u>\$20,235.00</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>\$3,625.28</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>\$3,625.28</u>	(23.) \$ <u>\$15,127.05</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>\$6,497.15</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$2,250.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$8,747.15</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$3,625.28</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$5,121.87</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 # <u>1</u> PAC Receipt? ☐ YES 4. Date of Receipt <u>10/29/20</u> Name & Address: Steven Kado 6242 Berwick Dr. West Bloomfield, MI 48322 5. If over \$100.00 cumulative, please provide: Occupation <u>Consultant</u> Employer <u>LJ Consulting Services</u> Business Address <u>13159 Stephens Road, Warren, MI 48089</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>1,000.00</u>	\$ <u>1000.00</u>
		Click Here for Memo Itemization	
3. Contribution # <u>2</u> PAC Receipt? ☐ YES 4. Date of Receipt <u>10/29/20</u> Name & Address: John Johnson 58337 Thomas Street New Haven, MI 48048 5. If over \$100.00 cumulative, please provide: Occupation <u>Director</u> Employer <u>Southeast Michigan Chamber of Commerce</u> Business Address <u>59 Walnut Street, Mount Clemens, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>
		Click Here for Memo Itemization	
3. Contribution # <u>3</u> PAC Receipt? ☐ YES 4. Date of Receipt <u>10/25/20</u> Name & Address: Nick Jerjis 7051 Wild Ridge Lane West Bloomfield, MI 48322 5. If over \$100.00 cumulative, please provide: Occupation <u>Manager</u> Employer <u>Gold Seal LLC</u> Business Address <u>24314 Sherwood Avenue, Centerline, MI 48015</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>250.00</u>	\$ <u>750.00</u>
		Click Here for Memo Itemization	
3. Contribution # <u>4</u> PAC Receipt? ☐ YES 4. Date of Receipt <u>10/23/20</u> Name & Address: Wayne Webber 49536 Goulette Pointe Drive Chesterfield, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Webber Group</u> Business Address <u>44710 Morley Drive, Clinton Township, MI 48036</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>
		Click Here for Memo Itemization	

Page Subtotal **\$2,250.00**

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

\$2,250.00

Enter this total on
line 3a 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>ADOBE PS CLOUD</u> Address <u>345 Park Avenue</u> <u>San Jose, CA 95110-2704</u> ☐ Fund Raiser	Purpose: <u>Design software fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/19/20</u> Date	<u>\$ 22.25</u>
Expenditure #2 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>10/26/20</u> Date	<u>\$ 150.00</u>
Expenditure #3 Name <u>Eurmax Canopy Inc.</u> Address <u>9460 Telstar Ave., #2</u> <u>El Monte, CA 91731</u> ☐ Fund Raiser	Purpose: <u>Canopy/banner</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/26/20</u> Date	<u>\$ 1,732.00</u>
Expenditure #4 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>10/26/20</u> Date	<u>\$ 37.01</u>
Expenditure #5 Name <u>Anedot</u> Address <u>1340 Poydras St.</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>10/28/20</u> Date	<u>\$ 10.30</u>
Subtotal this page			<u>\$1,951.56</u>
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>USPS</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>10/29/20</u> Date	<u>\$ 275.00</u>
Expenditure #2 Name <u>USPS</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>10/29/20</u> Date	<u>\$ 33.00</u>
Expenditure #3 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>10/29/20</u> Date	<u>\$ 553.89</u>
Expenditure #4 Name <u>Home Depot</u> Address <u>51315 Gratiot</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>11/02/20</u> Date	<u>\$ 160.02</u>
Expenditure #5 Name <u>All In One Campaign LLC</u> Address <u>1273 Lindbergh St.</u> <u>Wyandotte, MI 48192</u> ☐ Fund Raiser	Purpose: <u>Ringless voicemails</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/02/20</u> Date	<u>\$ 74.64</u>
Subtotal this page			\$1,096.55
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>Anedot</u> Address <u>1340 Poydras</u> <u>New Orleans, LA 70112</u> ☐ Fund Raiser	Purpose: <u>Bank fees</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/03/20</u> Date	\$ <u>40.30</u>
Expenditure #2 Name <u>BJs Wholesale</u> Address <u>45101 Towne Center Blvd.</u> <u>Chesterfield, MI 48047</u> ☐ Fund Raiser	Purpose: <u>Food/drink campaign volunteers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/03/20</u> Date	\$ <u>194.76</u>
Expenditure #3 Name <u>All In One Campaign</u> Address <u>1273 Lindbergh St.</u> <u>Wyandotte, MI 48192</u> ☐ Fund Raiser	Purpose: <u>Ringless voicemails</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/03/20</u> Date	\$ <u>75.40</u>
Expenditure #4 Name <u>Chipolte</u> Address <u>27810 23 Mile Road</u> <u>Chesterfield, MI 48047</u> ☐ Fund Raiser	Purpose: <u>Food campaign volunteers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/04/20</u> Date	\$ <u>27.40</u>
Expenditure #5 Name <u>BJs 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>11/05/20</u> Date	\$ <u>39.31</u>
Subtotal this page			\$ <u>377.17</u>
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>Memory Time</u> Address <u>2280 Cumberland</u> <u>Rochester Hills, MI 48307</u> ☐ Fund Raiser	Purpose: <u>Consulting fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/12/20</u> Date	\$ <u>200.00</u>
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
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 **\$200.00**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$3,625.28**

Enter this total
on line 8a of
Summary Page