



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 138047		3. This Statement covers From: <u>08/25/20</u> to <u>10/23/20</u>	
2. Committee Name CTE Linda Hartman Trustee		4. Candidate Last Name Hartman First Name Linda M.I. 4a. Office Sought Including District # or Community Served (If applicable)	
5. Committee's Mailing Address 48221 Forbes, Chesterfield, MI 48047 Area Code and Phone <u>(586) 482-2941</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.		4b. County of Residence MACOMB ☐	
7. Treasurer's Business Address SAME Area Code and Phone _____		6. Treasurer's Name & Residential Address SAME Area Code & 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>		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Area Code and Phone _____ 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 Linda Hartman Type or Print Name		<i>Linda Hartman</i> Signature Date <u>10/21/2020</u>	
Candidate Linda Hartman Type or Print Name		<i>Linda Hartman</i> Signature Date <u>10/21/2020</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138047

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Linda Hartman Trustee

RECEIPTS

Column I
This Period

Column II
Cumulative this election cycle

3. Contributions

a. Itemized (Schedule 1A - Column 6) (3a.) \$ _____

b. Unitemized (less than \$20.01 each - no Schedule) (3b.) \$ NOT APPLICABLE

c. Subtotal of "Contributions" (3c.) \$ _____

4. Other Receipts (Schedule 1A -1, Column 6) (4.) \$ _____

5. **TOTAL CONTRIBUTIONS AND OTHER RECEIPTS** (5.) \$ _____
(Add Line 3c + Line 4)

(18.) \$ _____

(19.) \$ _____

(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.) \$ \$6,883.60

b. Itemized Get-Out-the-Vote (Schedule 1B-G) (8b.) \$ _____

c. Unitemized (less than \$50.01 each - no Schedule) (8c.) \$ _____

(23.) \$ \$9,551.20

9. **TOTAL EXPENDITURES** (Add Line 8a + Line 8b + Line 8c) (9.) \$ _____

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** (11.) \$ _____
(Add Line 10a + Line 10b)

(24.) \$ _____

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed **by** the Committee (Schedule 1E) (12a.) \$ ~~\$5,000.00~~ 00.00

b. Owed **to** the Committee (Schedule 1E) (12b.) \$ 241.

BALANCE STATEMENT

13. Ending Balance of last report filed (13.) \$ \$75.43
(Enter zero if no previous reports have been filed.)

14. Amount received during reporting period (14.) + \$ \$7,100.00
(Line 5, Total Contributions & Other Receipts)

15. **SUBTOTAL** Add lines 13 and 14 (15.) = \$ \$7,175.43

16. Amount expended during reporting period (16.) - \$ \$6,883.60
(Add lines 9 and 11)

17. **ENDING BALANCE** (17.) \$ \$291.83
(Subtract line 16 from line 15) *



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138047
2. Committee Name CTE Linda Hartman Trustee

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 09/11/20

Name & Address:

Linda Hartman
48221 Forbes
Chesterfield, MI 48047

\$ 7000.00

\$ 7000.00

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

Occupation Retired Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

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

3. Contribution # 2 PAC Receipt? ☐ YES 4. Date of Receipt 9/14/20

Name & Address

Ryan Covert
54707 Bradshaw
New Baltimore, MI 48047

\$ 50.00

\$ _____

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 9/25/20

Name & Address:

Michelle Debeaussaert
39856 Brylor Court
Clinton Twp., MI 48038

\$ 50.00

\$ _____

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

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:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

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

Page Subtotal **\$7,100.00**

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

\$7,100.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 138047
2. Committee Name CTE Linda Hartman Trustee

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name American Graphics Address 34895 Groesbeck Clinton Twp., MI 48035 ☐ Fund Raiser	Purpose: Post Cards ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/17/20 Date	\$ 1286.84
Expenditure #2 Name 445 Digital, LLC Address 200 S. Washington Royal Oak, MI 48067 ☐ Fund Raiser	Purpose: Website Management ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/19/20 Date	\$ 150.00
Expenditure #3 Name 21st Century Media Address 19176 Hall Road Clinton Twp., MI 48038 ☐ Fund Raiser	Purpose: Newspaper ad ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/21/20 Date	\$ 622.00
Expenditure #4 Name Poppy Designs, LLC Address 23225 Oakwood Eastpointe, MI 48021 ☐ Fund Raiser	Purpose: Post card design ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/30/20 Date	\$ 100.00
Expenditure #5 Name 445 Digital, LLC Address 200 S. Washington Royal Oak, MI 48067 ☐ Fund Raiser	Purpose: Website Management ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/02/20 Date	\$ 174.16

Subtotal this page **\$2,333.00**

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 138047
2. Committee Name CTE Linda Hartman Trustee

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Post Master Address Royal Oak Post Office 200 W. Second Street Royal Oak, MI 48067 ☐ Fund Raiser	Purpose: Postage ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/26/20 Date	\$ 3145.50
Expenditure #2 Name Mass Mailing Address 35468 Mound Road Sterling Heights, MI 48310 ☐ Fund Raiser	Purpose: Mailhouse fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/25/20 Date	\$ 547..00
Expenditure #3 Name Mass Mailing Address 35468 Mound Road Sterling Heights, MI 48310 ☐ Fund Raiser	Purpose: Mailhouse fee ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/28/20 Date	\$ 858.10
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 **\$4,550.60**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$6,883.60**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138047
2. Committee Name CTE Linda Hartman Trustee

This Schedule itemizes:

a ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: Linda Hartman 48221 Forbes Chesterfield, MI 48047	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> 09/19/16 6. <u>Original Amount of Debt:</u> \$ 5,000.00	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ 5,000.00 ☒ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$5,000.00

Grand Total of all Schedules 1E

\$5,000.00

(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page *LH*

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.