



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 140030		3. This Statement covers From: 1/1/2020 to 10/18/2020	
2. Committee Name CTE Bridgette Shubay		4. Candidate Last Name Shubay First Name Bridgette M.I. S 4a. Office Sought Including District # or Community Served (If applicable) Richmond School Board 4b. County of Residence St. Clair	
5. Committee's Mailing Address 985 St. Clair Hwy Casco, Mi. 48064 Area Code and Phone 586-212-5580 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 Bridgette Shubay 985 St. Clair Hwy Casco, Mi. 48064 Area Code & Phone 586-212-5580	
7. Treasurer's Business Address 985 St. Clair Hwy Casco, Mi. 48064 Area Code and Phone _____		8. Designated Record Keeper's Name and Address (If the committee has 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 _____		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 Bridgette Shubay Type or Print Name Bridgette Shubay Type or Print Name		Signature Bridgette Shubay Signature Date 10-18-20 Date 10-18-20	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

14 0030

2. Committee Name

CTE Bridgette Stulbooy

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	1550.00	(18.) \$
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	(19.) \$
c. Subtotal of "Contributions"	(3c.) \$	1550.00	(20.) \$
4. Other Receipts (Schedule 1A -1, Column 6)			
(4.) \$			
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	1550.00	
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	1196.20	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	1196.26	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	1196.26	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$		(23.) \$
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 (Add Line 10a + Line 10b)	(11.) \$		(24.) \$
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	433.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	\$	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	1550.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	1550.00	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	1196.26	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	180.74	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

140030

2. Committee Name

CTE Bridgette Shulay

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 Name & Address: Varga Chiropractic 6690 Gratiot Ave. Richmond, Mi. 48062	PAC Receipt? ☒ YES	4. Date of Receipt 09-01-20	\$ 500.00 \$ 500.00
5. If over \$100.00 cumulative, please provide: Occupation Doctor Employer Varga Chiropractic Business Address 6690 Gratiot Ave Richmond, Mi. 48062 Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: Michigan Education Association P.O. Box 2573 East Lansing, Mi. 48826	PAC Receipt? ☒ YES	4. Date of Receipt 09-11-20	\$ 1000.00 \$ 1500.00
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 Name & Address: Debbie Forstenau 24146 Quail Trail Richmond, Mi. 48062	PAC Receipt? ☒ YES	4. Date of Receipt 08-10-20	\$ 90.00 \$ 1590.00
5. If over \$100.00 cumulative, please provide: Occupation retired Employer retired Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address:	PAC Receipt? ☐ YES	4. Date of Receipt	\$ _____ \$ _____
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

1590.00

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

1590.00

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

140030

2. Committee Name

CTE Bridgette Shulay

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 09-01-20

Name & Address:

Varga Chiropractic
6690 Gratiot Ave.
Richmond, Mi. 48062

\$ 500.00

\$ 500.00

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

Occupation Doctor

Employer Varga Chiropractic

Click Here for Memo Itemization

Business Address 6690 Gratiot Ave Richmond, Mi. 48062

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

3. Contribution #2 PAC Receipt? ☒ YES

4. Date of Receipt 09-11-20

Name & Address:

Michigan Education Association
P.O. Box 2573
East Lansing, Mi. 48826

\$ 1000.00

1500
\$ 1500.00

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 08-10-20

Name & Address:

Debbie Forstenau
3496 Quail Trail
Richmond, Mi. 48062

\$ 90.00

1550
\$ 1550.00

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

Occupation retired Employer retired

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

1550.00

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

1550.00

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 140030

2. Committee Name CTE Bridgette Shulany

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: <u>Bridgette Shulany</u> <u>4805 St. Clair Hwy</u> <u>Casco, MI 48064</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business 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 <u>Signs</u> 5. Date Of Receipt: <u>08-14-20</u> 6. Vendor Name & Address: <u>Vinyl Works</u> <u>68216 Grand Trunk Ave.</u> <u>Richmond, MI 48062</u> Click Here for Memo Itemization	\$ <u>206.70</u>	\$ <u>206.70</u>
Contribution #2 PAC Receipt? ☐ Yes Name & Address: <u>Bridgette Shulany</u> <u>4805 St. Clair Hwy</u> <u>Casco, MI 48064</u> 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 <u>Signs</u> 5. Date Of Receipt: <u>08-01-20</u> 6. Vendor Name & Address: <u>Vinyl Works</u> <u>68216 Grand Trunk Ave</u> <u>Richmond, MI 48062</u> Click Here for Memo Itemization	\$ <u>344.90</u>	\$ <u>551.20</u>
Contribution #3 PAC Receipt? ☐ Yes Name & Address: <u>Bridgette Shulany</u> <u>4805 St. Clair Hwy</u> <u>Casco, MI 48064</u> 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 <u>Signs</u> 5. Date Of Receipt: <u>08-04-20</u> 6. Vendor Name & Address: <u>Vinyl Works</u> <u>68216 Grand Trunk Ave</u> <u>Richmond, MI 48062</u> Click Here for Memo Itemization	\$ <u>583.00</u>	\$ <u>1,134.20</u>

Page Subtotal

1134.20

\$ 1134.20

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

Enter this total
on line 8 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number

140030

2. Committee Name

CRE Bridgette Shulby

CANDIDATE COMMITTEE

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: Bridgette Shulby 9805 St. Clair Hwy Cass, MI 48064 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business 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: Signs (Big yard signs) 5. Date Of Receipt: 08-10-20 6. Vendor Name & Address: Vinyl Works 68216 Grand Trunk Ave Richmond, MI 48062	\$ 62.00	\$ 1196.20
☐ Fund Raiser Contribution			
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:	\$	\$
☐ Fund Raiser Contribution			
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:	\$	\$
☐ Fund Raiser Contribution			

Page Subtotal

\$ 62 \$ 1196.20

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

1196.20

Enter this total
on line 8 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number

140030

2. Committee Name

CTE Bridgette Shulay

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Amazon.com</u> Address ☐ Fund Raiser	Purpose: <u>Personal Sanitizers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/21/20</u> Date	<u>\$ 163.53</u>
Expenditure #2 Name <u>Avery Products Corporation</u> Address <u>50 Pointe Drive Brea, CA. 92881</u> ☐ Fund Raiser	Purpose: <u>Labels</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/21/20</u> Date	<u>\$ 22.66</u>
Expenditure #3 Name <u>H.P. com Store</u> Address ☐ Fund Raiser	Purpose: <u>Ink cartridges</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/21/20</u> Date	<u>\$ 12.19</u>
Expenditure #4 Name <u>United States Post Office</u> Address <u>36511 Division Richmond, MI. 48062</u> ☐ Fund Raiser	Purpose: <u>Postage for Postcards/letters</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/28/20</u> Date	<u>\$ 93.69</u>
Expenditure #5 Name <u>J's Silk-Screen</u> Address <u>69246 North Main St. Richmond, MI. 48062</u> ☐ Fund Raiser	Purpose: <u>T-Shirts</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/5/20</u> Date	<u>\$ 108.00</u>

Subtotal this page \$ 400.07

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

140030

2. Committee Name

CTE Bridgette Shultz

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Print All</u> Address <u>64345 North Main St.</u> <u>Richmond, Mi - 48062</u> ☐ Fund Raiser	Purpose: <u>EDDM Flyer</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/22/20</u> Date Click Here for Memo Itemization Type	<u>\$ 357.01</u>
Expenditure #2 Name <u>Michigan Education Association</u> Address <u>P.O. Box 2573</u> <u>East Lansing, Mi - 48826</u> ☐ Fund Raiser	Purpose: <u>Post cards</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/30/20</u> Date Click Here for Memo Itemization Type	<u>\$ 39.18</u>
Expenditure #3 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 #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			<u>\$ 396.19</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>\$ 196.26</u>

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number

140030

2. Committee Name

OTE Bridgette Shubay

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: Bridgette Shubay 9885 St. Clair Ave Casco, Mi. 48064	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>08-04-20</u> 6. Original Amount of Debt: <u>\$ 1,196.20</u>	<u>10/30/20 \$ 1163.20</u> \$ \$ \$ \$	\$	\$ <u>433.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ \$ \$ \$ \$	\$	\$ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ \$ \$ \$ \$	\$	\$ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

433.00

Grand Total of all Schedules 1E

433.00

(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

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.