



**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

140018

2. Committee Name

CTE Rob Baker

5. Committee's Mailing Address

22424 Nevada Ave.
Eastpointe, MI. 48021

Area Code and Phone (313) 333-8244

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.

7. Treasurer's Business Address

n/a

3. This Statement covers From:

07/22/20

to 10/18/20

4. Candidate Last Name

Baker

First Name

Rob

M.I.

4a. Office Sought Including District # or Community Served (If applicable)

Eastpointe City Council

4b. County of Residence MACOMB

6. Treasurer's Name & Residential Address

Rob Baker
22424 Nevada Ave.
Eastpointe, MI. 48021

Area Code & Phone (313) 333-8244

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)

n/a

Area Code and Phone

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

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

Rob Baker

Type or Print Name

Signature

Date

10-19-2020

Candidate

Rob Baker

Type or Print Name

Signature

Date

10-19-2020



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140018

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Rob Baker

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>850.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>850.00</u>	(18.) \$ <u>850.00</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>850.00</u>	(20.) \$ <u>850.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$947.70</u>	(21.) \$ <u>\$947.70</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>\$413.00</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>\$413.00</u>	(23.) \$ <u>\$413.00</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></u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$947.70</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>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>850.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>850.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$413.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$437.00</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140018
2. Committee Name CTE Rob Baker

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 09/02/20

Name & Address:

Veronica Klinefelt
16143 Wilson Ave.
Eastpointe, MI. 48021

\$ 100.00 \$ 100.00

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

Occupation County Commissioner Employer Macomb County

[Click Here for Memo Itemization](#)

Business Address One South Main, Mt. Clemens MI. 48043

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/02/20

Name & Address

Walter Jakubiec
18318 Holland Ave.
Eastpointe, MI. 48021

\$ 150.00 \$ 150.00

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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 09/02/20

Name & Address:

Gary Miron
22370 Hayes
Eastpointe, MI. 48021

\$ 50.00 \$ 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 09/13/20

Name & Address

Mike Klinefelt
16143 Wilson Ave.
Eastpointe, MI. 48021

\$ 50.00 \$ 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

Page Subtotal \$350.00

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

\$850.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140018
2. Committee Name CTE Rob Baker

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 09/17/20

Name & Address:

Harvey Curley
24519 Lexington
Eastpointe, MI. 48021

\$ 100.00 \$ 100.00

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

Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 09/17/20

Name & Address

Cardi Demonaco jr.
23225 Oakwood
Eastpointe, MI. 48021

\$ 100.00 \$ 100.00

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

Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 09/15/20

Name & Address:

Mary Hall-Rayford
17101 Veronica
Eastpointe, MI. 48021

\$ 50.00 \$ 50.00

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

Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 09/23/20

Name & Address

Reola Hammond
17325 Sprenger
Eastpointe, MI. 48021

\$ 50.00 \$ 50.00

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

Click Here for Memo Itemization

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal

\$300.00

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

\$850.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140018
2. Committee Name CTE Rob Baker

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 10/08/20

Name & Address:

Veronica Klinefelt
16143 Wilson Ave.
Eastpointe, MI. 48021

\$ 100.00 \$ 200.00

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

Occupation County Commissioner Employer Macomb County

Click Here for Memo Itemization ☐

Business Address One South Main, Mt. Clemens, MI. 48043

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 09/29/20

Name & Address

Gary Sasek
23796 Roxana,
Eastpointe, MI. 48021

\$ 100.00 \$ 100.00

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 _____

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

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 \$200.00

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

\$850.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 140018

2. Committee Name CTE Rob Baker

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 <u>all</u> 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 Name & Address: Rob Baker 22424 Nevada Eastpointe, MI. 48021 If over \$100.00 cumulative, please provide: Occupation: Join Inspector Employer Name & Business Address: Dearborn Truck Plant 3001 Miller Rd. Dearborn, MI. 48120 ☐ Fund Raiser Contribution	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>Voter information request</u> 5. Date Of Receipt: <u>09/09/20</u> 6. Vendor Name & Address: City of Eastpointe 23200 Gratiot Ave, Eastpointe, MI. 48021	\$ <u>10.00</u>	\$ <u>10.00</u>
Contribution # 2 Name & Address: Rob Baker 22424 Nevada Eastpointe, MI. If over \$100.00 cumulative, please provide: Occupation: Joining Inspector Employer Name & Address: Dearborn Truck Plant 3001 Miller Rd. Dearborn, MI. 41820 ☐ Fund Raiser Contribution	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>Lawn signs</u> 5. Date Of Receipt: <u>09/02/20</u> 6. Vendor Name & Address: Sawicki and Son 1521 W. Lafayette Detroit, MI. 48216	\$ <u>524.70</u>	\$ <u>534.70</u>
Contribution #3 Name & Address: Rob Baker 22424 Nevada Eastpointe, MI. 48021 If over \$100.00 cumulative, please provide: Occupation: Joining Inspector Employer Name & Address: Dearborn Truck Plant 3001 Miller Rd. Dearborn, MI. 41820 ☐ Fund Raiser Contribution	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>Literature</u> 5. Date Of Receipt: <u>09/23/20</u> 6. Vendor Name & Address: Munro Printing 16145 E. 10 Mile Eastpointe, MI. 48021	\$ <u>413.00</u>	\$ <u>947.70</u>

Page Subtotal **\$947.70**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$947.70**

Enter this total
on line 6 of Summary
Page

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**1. Committee I. D. Number 140018
2. Committee Name CTE Rob Baker

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Munro Printing Address 16145 E. 10 Mile Road Eastpointe, MI. 48021 ☐ Fund Raiser	Purpose: <u>Literature</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/07/20</u> Date	\$ <u>413.00</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

\$413.00Grand Total of all Schedules 1B
(Complete on last page of Schedule)**\$413.00**Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140018
2. Committee Name CTE Rob Baker

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.

Debt #1 Corp? ☐ Yes

Owed to or by:
Rob Baker
22424 Nevada
Eastpointe, MI. 48021

4. Type of Obligation (Description)

5. Indicate date debt was incurred
6. Indicate original amount of debt

4. Type: Loan for signs

5. Date Debt Was Incurred:
09/02/20

6. Original Amount of Debt:
\$ 524.70

7. Date and amount of each payment

\$
\$
\$
\$
\$

8. Cumulative payment to date on debt

\$ 0.00

9. Outstanding Balance at close of this period (Item 6 minus Item 8)

\$ 524.70
☐ FORGIVEN

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #2 Corp? ☐ Yes

Owed to or by:
Rob Baker
22424 Nevada
Eastpointe, MI. 48021

4. Type: Loan for voter info

5. Date Debt Was Incurred:
09-09-20

6. Original Amount of Debt:
\$ 10.00

\$
\$
\$
\$
\$

\$ 0.00

\$ 10.00
☐ FORGIVEN

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #3 Corp? ☐ Yes

Owed to or by:
Rob Baker
22424 Nevada
Eastpointe, MI. 48021

4. Type: Loan for literature

5. Date Debt Was Incurred:
09-23-20

6. Original Amount of Debt:
\$ 413.00

\$
\$
\$
\$
\$

\$ 0.00

\$ 413.00
☐ FORGIVEN

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt)

\$947.70

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

\$947.70

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.