



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.

3. This Statement covers From: 04/30/21 to 07/22/21

1. Committee I.D. Number 140100	4. Candidate Last Name Oresti	First Name Jennifer	M.I. M
2. Committee Name Jennifer Oresti for S.C.S. City Council	4a. Office Sought Including District # or Community Served (If applicable) City Council		
	4b. County of Residence MACOMB		

5. Committee's Mailing Address 23816 Grove St, St. Clair Shores, MI 48080	6. Treasurer's Name & Residential Address Jennifer Oresti, 23816 Grove, St. Clair Shores, Mi 48080
Area Code and Phone <u>(586) 484-6691</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.	Area Code & Phone _____

7. Treasurer's Business Address	8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Brandon McDowell
Area Code and Phone _____	Area Code and Phone <u>(586) 215-7792</u>

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>08/03/21</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.
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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 Brandon McDowell	Date <u>7/23/21</u>
Type or Print Name	Signature
Candidate Jennifer Oresti	Date <u>7/23/21</u>
Type or Print Name	Signature



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140100

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Jennifer Oresti for S.C.S. City Council

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1,285.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$1,285.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$100.00</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$1,385.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$798.37</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>\$122.28</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$920.65</u>	(23.) \$ _____
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.) \$ _____
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>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$1,385.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$1,385.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$920.65</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$464.35</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140100
2. Committee Name Jennifer Oresti for S.C.S. City Council

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>05/21/21</u>	
Name & Address: Jennifer Kelley 381 Rolling Meadows Dr, Ann Arbor, MI 48103		\$ <u>50</u>	\$ <u>50</u>
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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/24/21</u>	
Name & Address: Jordan Hashley 37053 Gary Dr, Sterling Heights, MI 48310		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Account Manager</u> Employer <u>JSS</u> 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 <u>05/25/21</u>	
Name & Address: Kaitlyn Sheets 23100 Rosewood St, Oak Park, MI 48237		\$ <u>50</u>	\$ <u>50</u>
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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/27/21</u>	
Name & Address: Samuel Guerrero 6770 North Melissa Court, Glendale, WI 53209		\$ <u>25</u>	\$ <u>25</u>
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 \$225.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) \$1,285.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140100
2. Committee Name Jennifer Oresti for S.C.S. City Council

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>06/03/21</u> Name & Address: <u>Oresti, Jennifer M.</u> <u>23816 Grove St., St. Clair Shores, MI 48080</u>		\$ <u>5</u>	\$ <u>55</u>
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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/24/21</u> Name & Address: <u>Jodi Oresti</u> <u>35369 Edmunds Grove, New Baltimore, MI 48047</u>		\$ <u>425</u>	\$ <u>445</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Medical Biller</u> Employer <u>Mclaren Macomb</u> 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 <u>05/21/21</u> Name & Address: <u>Damon Drew</u> <u>2047 Greenwood Ave, Toledo, OH 43605</u>		\$ <u>\$25</u>	\$ <u>25</u>
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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/21/21</u> Name & Address: <u>Charles Mahone II</u> <u>29131 Rachid Lane, Chesterfield, MI 48047</u>		\$ <u>20</u>	\$ <u>20</u>
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 \$475.00

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

\$1,285.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140100
2. Committee Name Jennifer Oresti for S.C.S. City Council

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>06/01/21</u>	
Name & Address: Brian Derey 33 Norwich, Pleasant Ridge, MI 48069		\$ <u>100</u>	\$ <u>100</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>not employed</u> Employer _____ Business Address _____ 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>06/01/21</u>	
Name & Address: Lauren Hartley 23100 Rosewood St, Oak Park, MI 48237		\$ <u>10</u>	\$ <u>20</u>
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 <u>06/21/21</u>	
Name & Address: Melissa Crook 22802 Clairwood St, St. Clair Shores, MI 48080		\$ <u>10</u>	\$ <u>10</u>
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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/23/21</u>	
Name & Address: Andrea Joy 466 Calvin, Grosse Pointe Farms, MI 48236		\$ <u>50</u>	\$ <u>50</u>
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 \$170.00

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

\$1,285.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140100
2. Committee Name Jennifer Oresti for S.C.S. City Council

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 06/23/21

Name & Address:

Bryana Griffin

24508 Star Valley Dr, St. Clair Shores, MI 48080

\$ 50

\$ 100

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 06/23/21

Name & Address:

Peggy Fisk

20004 Parkside, St. Clair Shores, MI 48080

\$ 40

\$ 40

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 06/23/21

Name & Address:

Elizabeth Lewis

22029 Gaukler, St. Clair Shores, MI 48080

\$ 10

\$ 10

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 06/28/21

Name & Address:

Luke Donald

17240 Cove Dr, Northville, MI 48168

\$ 50

\$ 50

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 **\$150.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **\$1,285.00**

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140100
2. Committee Name Jennifer Oresti for S.C.S. City Council

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>06/29/21</u>	
Name & Address: Brandon Kosal 20112 Sunnyside St., St. Clair Shores, MI 48080		\$ <u>25</u>	\$ <u>25</u>
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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/27/21</u>	
Name & Address: Ginny Mullins 19710 Shady Lane, St. Clair Shores MI 48080		\$ <u>20</u>	\$ <u>20</u>
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 <u>07/05/21</u>	
Name & Address: Tara Gray 21629 Barton Street, St. Clair Shores, MI 48081		\$ <u>40</u>	\$ <u>40</u>
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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/09/21</u>	
Name & Address: Lauren Hartley 50411 Lagae Street, New Baltimore, MI 48047		\$ <u>10</u>	\$ <u>20</u>
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 \$95.00

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

\$1,285.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140100
2. Committee Name Jennifer Oresti for S.C.S. City Council

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>07/09/21</u>	
Name & Address: Jennifer Oresti 23816 Grove Street, St. Clair Shores, MI 48080		\$ <u>50</u>	\$ <u>55</u>
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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/10/21</u>	
Name & Address: Bryana Griffin 24508 Star Valley Drive, St. Clair Shores, MI 48080		\$ <u>50</u>	\$ <u>100</u>
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 <u>07/10/21</u>	
Name & Address: Jodi Oresti 35369 Edmunds Grove, New Baltimore, MI 48047		\$ <u>20</u>	\$ <u>445</u>
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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/17/21</u>	
Name & Address: David Micallef 22419 Alger, St. Clair Shores, MI 48080		\$ <u>50</u>	\$ <u>50</u>
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 \$170.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) \$1,285.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1**

CANDIDATE COMMITTEE

1. Committee I.D. Number 140100

2. Committee Name Jennifer Oresti for S.C.S. City Council

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: Jennifer Oresti 23816 Grove Street, St. Clair Shores MI, 48080	Date of Receipt <u>07/09/20</u>	☐ Loan from a Lending Institution ☐ Interest ☒ Refund \Rebate ☐ Other (Specify) _____	\$ <u>100</u> Click for Memo Itemization Type ☒
	☐ Fund Raiser		
Receipt #2 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	☐ Fund Raiser		
Receipt #3 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	☐ Fund Raiser		
Receipt #4 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	☐ Fund Raiser		
Receipt #5 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	☐ Fund Raiser		
Receipt #6 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	☐ Fund Raiser		
Receipt #7 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	☐ Fund Raiser		

Page Subtotal

\$100.00

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

\$100.00

Enter this total on
line 4 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140100
2. Committee Name Jennifer Oresti for S.C.S. City Council

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Jennifer Oresti for S.C.S. City Council</u> Address <u>23816 Grove St, St. Clair Shores, MI 48080</u> ☐ Fund Raiser	Purpose: <u>VAN Access/Voter Outreach</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/04/21</u> Date	\$ <u>150</u>
Expenditure #2 Name <u>Jennifer Oresti for S.C.S. City Council</u> Address <u>same address</u> ☐ Fund Raiser	Purpose: <u>Sign/Voter Outreach</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/04/21</u> Date	\$ <u>125</u>
Expenditure #3 Name <u>Jennifer Oresti for S.C.S. City Council</u> Address <u>same address</u> ☐ Fund Raiser	Purpose: <u>Signs/Voter Outreach</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/15/21</u> Date	\$ <u>389.35</u>
Expenditure #4 Name <u>Jennifer Oresti for S.C.S. City Council</u> Address <u>same address</u> ☐ Fund Raiser	Purpose: <u>Sign Stakes/Voter Outreach</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/15/21</u> Date	\$ <u>58.29</u>
Expenditure #5 Name <u>Jennifer Oresti for S.C.S. City Council</u> Address <u>same address</u> ☐ Fund Raiser	Purpose: <u>Office Depot/Outreach</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/12/21</u> Date	\$ <u>75.73</u>

Subtotal this page **\$798.37**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$798.37**

Enter this total
on line 8a of
Summary Page