



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 140090		3. This Statement covers From: <u>07/19/21</u> to <u>08/23/21</u>	
2. Committee Name CTE Elizabeth Hanna		4. Candidate Last Name Hanna First Name Elizabeth M.I. 4a. Office Sought Including District # or Community Served (If applicable) Board Member - Local - City Council, Sterling Heights 4b. County of Residence MACOMB	
5. Committee's Mailing Address 2523 Farmdale Dr., Sterling Hts, MI 48314 Area Code and Phone <u>(586) 291-0056</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.		6. Treasurer's Name & Residential Address Elizabeth Hanna 2523 Farmdale Dr., Sterling Hts, MI 48314 Area Code & Phone <u>(586) 291-0056</u>	
7. Treasurer's Business Address 2523 Farmdale Dr., Sterling Hts, MI 48314 Area Code and Phone <u>(586) 291-0056</u>		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) None Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <u>08/03/21</u>		9c. <input type="checkbox"/> Annual Statement () Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) 9e. Dissolution of Candidate Committee <input type="checkbox"/> 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 Elizabeth Hanna Type or Print Name		<i>Elizabeth Hanna</i> Signature Date <u>August 30, 2021</u>	
Candidate Elizabeth Hanna Type or Print Name		<i>Elizabeth Hanna</i> Signature Date <u>August 30, 2021</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140090

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Elizabeth Hanna

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>1,153.20</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$1,153.20</u>	(18.) \$ <u>\$2,403.20</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>\$0.00</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$1,153.20</u>	(20.) \$ <u>\$2,403.20</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>\$296.32</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>\$296.32</u>	(23.) \$ <u>\$1,101.32</u>
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.) \$	<u>\$2,000.00</u>	
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.) \$	<u>\$445.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$1,153.20</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$1,598.20</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$296.32</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$1,301.88</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140090

2. Committee Name CTE Elizabeth Hanna

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 08/10/21

Name & Address:

Elizabeth Hanna
2523 Farmdale Dr.,
Sterling Hts, Mi 48314

\$ 750.00

\$ 2,000.00

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

Occupation Retired Employer Retired

[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 08/20/21

Name & Address

Paul M. Smith
41280 Utica Rd.,
Sterling Hts, Mi 48313

\$ 403.20

\$ 403.20

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

Occupation Retired Employer Retired

[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 **\$1,153.20**

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

\$1,153.20

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 140090
2. Committee Name CTE Elizabeth Hanna

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Uline</u> Address <u>12355 Uline Way,</u> <u>Kanosha, WI 53144</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Bags</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/09/21</u> Date	\$ <u>147.24</u>
Expenditure #2 Name <u>Staples</u> Address <u>1950 S. Rochester Rd.,</u> <u>Rochester, MI 48306</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Copy Paper</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/09/21</u> Date	\$ <u>59.52</u>
Expenditure #3 Name <u>Staples</u> Address <u>1950 S. Rochester Rd.,</u> <u>Rochester, MI 48306</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Copy Paper</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/14/21</u> Date	\$ <u>43.63</u>
Expenditure #4 Name <u>Office Depot</u> Address <u>145 E. Auburn Rd.,</u> <u>Rochester Hills, MI 48307</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Office Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/13/21</u> Date	\$ <u>45.93</u>
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **\$296.32**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$296.32**

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 140090

2. Committee Name CTE Elizabeth Hanna

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? <input type="checkbox"/> Yes Owed to or by: Elizabeth Hanna 2523 Farmdale Dr., Sterling Hts., MI 48314	4. Type: <u>Loan from Candidate</u> 5. <u>Date Debt Was Incurred:</u> <u>04/26/21</u> 6. <u>Original Amount of Debt:</u> <u>\$ 750.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>750.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Elizabeth Hanna 2523 Farmdale Dr., Sterling Hts., MI 48314	4. Type: <u>Loan from Candidate</u> 5. <u>Date Debt Was Incurred:</u> <u>7/12/21</u> 6. <u>Original Amount of Debt:</u> <u>\$ 500.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>500.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Elizabeth Hanna 2523 Farmdale Dr., Sterling Hts., MI 48314	4. Type: <u>Loan from Candidate</u> 5. <u>Date Debt Was Incurred:</u> <u>8/10/21</u> 6. <u>Original Amount of Debt:</u> <u>\$ 750.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>750.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$2,000.00

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

Grand Total of all Schedules 1E

\$2,000.00

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.