



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

Clear Form

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:

11/21 to 7/20/21

1. Committee I.D. Number
139921

4. Candidate Last Name First Name M.I.
Patton Tammy T

2. Committee Name
CTE Tammy T. Patton

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

Board Member - Local Trustee

4b. County of Residence **MACOMB**

5. Committee's Mailing Address
39150 Aynesley St
Clinton Township, MI 48038

6. Treasurer's Name & Residential Address
Clifford E. Patton, III
39150 Aynesley ST
Clinton Township, MI 48038

Area Code and Phone (586)913-1551
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 (313) 231-0676

7. Treasurer's Business Address
14812 Hall Rd.
Sterling Heights, MI 48313

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

Area Code and Phone (313)231-0676

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 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 Clifford E. Patton, III

Type or Print Name

Signature

Date

7/23/21

Candidate Tammy T. Patton

Type or Print Name

Signature

Date

7/23/21



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139921

2. Committee Name CTE Tammy T. Patton

RECEIPTS

3. Contributions

a. Itemized (Schedule 1A - Column 6)

(3a.) \$ 1421.19

b. Unitemized (less than \$20.01 each - no Schedule)

(3b.) \$ NOT APPLICABLE

c. Subtotal of "Contributions"

(3c.) \$ 1421.19

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

(4.) \$ _____

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

(5.) \$ 1421.19

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-IK, Column 7)

(6.) \$ _____

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

(7.) \$ _____

EXPENDITURES

8. Expenditures

a. Itemized (Schedule 1B, Column 6)

(8a.) \$ 1777.68

b. Itemized Get-Out-the-Vote (Schedule 1B-G)

(8b.) \$ _____

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

(8c.) \$ _____

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

(9.) \$ 1777.68

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.) \$ _____

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 1E)

(12a.) \$ 1400

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.) \$ 573.51

14. Amount received during reporting period
(Line 5, Total Contributions & Other Receipts)

(14.) + \$ 1421.19

15. **SUBTOTAL** Add lines 13 and 14

(15.) = \$ 1994.70

16. Amount expended during reporting period
(Add lines 9 and 11)

(16.) - \$ 1777.68

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

(17.) \$ 217.02

Column I
This Period

Column II
Cumulative this election cycle

(18.) \$ _____

(19.) \$ _____

(20.) \$ _____

(21.) \$ _____

(22.) \$ _____

(23.) \$ _____

(24.) \$ _____



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BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139921

2. Committee Name CTE Tammy T. Patton

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 1/8/2021

Name & Address:

Tammy T. Patton
39150 Aynesley ST
Clinton Township, MI 48038

\$ 300.00

[Click Here for Memo Itemization](#)

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address:

Tammy T. Patton
39150 Aynesley ST
Clinton Township, MI 48038

\$ _____ \$ _____

[Click Here for Memo Itemization](#)

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 2/1/21

Name & Address:

Tammy T. Patton
39150 Aynesley
Clinton Township, MI 48038

\$ 1100 \$ _____

[Click Here for Memo Itemization](#)

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

Occupation _____ Employer _____

Business Address _____

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

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 2/6/21

Name & Address:

Magister Google
Hallazner #2
Mountain View, CA

\$ 21.19 \$ _____

[Click Here for Memo Itemization](#)

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

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal

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

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

139921

1. Committee I. D. Number

CTE Tammy T. Patton

2. Committee Name

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Adobe Address 345 Park Ave San Jose, CA 95110 ☐ Fund Raiser	Purpose: software, graphics Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	1/5/21 Date	\$ 26.49
Expenditure #2 Name Magisto (Google) Address HaNazmera St. 2 Ness Ziona Israel Mountain View, CA ☐ Fund Raiser	Purpose: video creator fees Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	1/9/21 Date	\$ 21.19
Expenditure #3 Name Act Blue Address 366 Summer St Somerville, MI 02144 ☐ Fund Raiser	Purpose: fees Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	1/14/21 Date	\$ 10.00
Expenditure #4 Name Social Gathering Co Address 2000 Pinecrest Ferndale, MI 48220 ☐ Fund Raiser	Purpose: Social Media Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	1/12 Date	\$ 300
Expenditure #5 Name Social Gathering Co Address 2000 Pinecrest Ferndale, MI 48220 ☐ Fund Raiser	Purpose: Social Media Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	1/20 Date	\$ 200

Subtotal this page

557.68

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

139921

1. Committee I. D. Number

CTE Tammy T. Patton

2. Committee Name

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Clinton Trop area</u> <u>Optimist Club</u> Address <u>P.O. Box</u> <u>Clinton Trop, MI</u> <u>48038</u> ☐ Fund Raiser	Purpose: <u>Membership - lyr</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/27/21</u> Date	\$ <u>105</u>
Expenditure #2 Name <u>Clinton Trop Demo -</u> <u>cratic Club</u> Address <u>Clinton Trop, MI</u> <u>48038</u> ☐ Fund Raiser	Purpose: <u>Membership Dues</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/27</u> Date	\$ <u>1500</u>
Expenditure #3 Name <u>Vendo</u> Address <u>34649 Mound Rd</u> <u>Warren, MI 48091</u> ☐ Fund Raiser	Purpose: <u>Refund Fees</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/22/21</u> Date	\$ <u>1100</u>
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

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

1220.00

1777.68

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139921

2. Committee Name CTE Tammy T. Patton

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 Owed to or by: Corp? ☐ Yes <u>Tammy T. Patton</u> <u>39150 Aynesley</u> <u>Clinton Twp, MI</u> <u>48038</u>	4. Type: <u>loan</u> 5. Date Debt Was Incurred: <u>1/8/21</u> 6. Original Amount of Debt: <u>\$ 300.00</u>	\$ \$ \$ \$ \$	\$	\$ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: Corp? ☐ Yes <u>Tammy T. Patton</u> <u>39150 Aynesley</u> <u>Clinton Twp, MI</u> <u>48038</u>	4. Type: <u>loan</u> 5. Date Debt Was Incurred: <u>2/1/20</u> 6. Original Amount of Debt: <u>\$ 1,100.00</u>	\$ \$ \$ \$ \$	\$	\$ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: Corp? ☐ Yes	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)

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

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.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page
300.00
1400.00