



**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 139817		3. This Statement covers From: <u>1-1-21</u> to <u>10-17-21</u>										
2. Committee Name CTE Wanda (MORGAN) Goodnight		<table style="width:100%; border: none;"> <tr> <td style="width: 60%; border: none;">4. Candidate Last Name Goodnight </td> <td style="width: 20%; border: none;">First Name WANDA </td> <td style="width: 20%; border: none;">M.I. L </td> </tr> <tr> <td colspan="3" style="border: none;">4a. Office Sought Including District # or Community Served (If applicable) Mount Clemens City Commissioner </td> </tr> <tr> <td colspan="3" style="border: none;">4b. County of Residence</td> </tr> </table>		4. Candidate Last Name Goodnight	First Name WANDA	M.I. L	4a. Office Sought Including District # or Community Served (If applicable) Mount Clemens City Commissioner			4b. County of Residence		
4. Candidate Last Name Goodnight	First Name WANDA	M.I. L										
4a. Office Sought Including District # or Community Served (If applicable) Mount Clemens City Commissioner												
4b. County of Residence												
5. Committee's Mailing Address CTE Wanda (MORGAN) Goodnight P.O. Box 46443, Mount Clemens, MI 48043		6. Treasurer's Name & Residential Address 98 Michigan Mount Clemens Michigan 48043										
Area Code and Phone _____ 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 <u>(586) 935-8232</u>										
7. Treasurer's Business Address Area Code and Phone _____		8. Designated Record Keeper's Name and Address (If the committee has a 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 November 3, 2021		Required ONLY if candidate is not on the ballot for the current year: ☐ July Quarterly ☒ October Quarterly 9c. ☒ Annual Statement (<u>2021</u>) 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 Rachelle Galvan		[Signature]										
Type or Print Name		Signature										
Date <u>10-12-21</u>		Date <u>10/12/2021</u>										
Candidate <u>WANDA (MORGAN) Goodnight</u>		[Signature]										
Type or Print Name		Signature										



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139817
2. Committee Name Wanda (morgan) Goodnough

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>11,905.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>11,905.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>11,905.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>7,457.91</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>7,457.91</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>889.91</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>11,905.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>12,794.91</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>7,457.91</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>5,337.00</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139817
2. Committee Name WANDA (MORGAN) GOODENOUGH

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

9/8/2021

Name & Address:

Joseph PETER GEORGE
19922 Westchester Dr
Clinton Twp 48038

\$ 1,000⁰⁰

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

Occupation Business Owner Employer N/A

[Click Here for Memo Itemization](#)

Business Address 19922 Westchester Dr Clinton Township 48038

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

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt

9/20/2021

Name & Address:

Chelsea D. GEORGE
40622 Orchid Trail
Clinton Twp MI, 48036

\$ 1,000⁰⁰

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

Occupation Business Owner Employer N/A

[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

9/16/2021

Name & Address:

Joseph Peter GEORGE
19922 Westchester
Clinton Twp 48038

\$ 1,000⁰⁰

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

Occupation Business Owner Employer N/A

[Click Here for Memo Itemization](#)

Business Address 19922 Westchester

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

3. Contribution # 4 PAC Receipt? ☐ YES

4. Date of Receipt

8/31/2021

Name & Address:

Pastor Louie
22943 Glennbrook St.
Saint Clair Shores, MI 48042

\$ 100⁰⁰

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

Occupation Pastor Employer

[Click Here for Memo Itemization](#)

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)

4,000

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 139817
2. Committee Name WANDA (MORAN) GOODNOUGH

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 9/1/2021

Name & Address:

Benjamin Mikes Soleczak
4016 Jane CT
Waterford MI, 48329-2010

\$ 1,000⁰⁰ \$

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

[Click Here for Memo Itemization](#)

Occupation Business Owner Employer

Business Address 4016 Jane CT, Waterford MI, 48329-2010

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 9/1/2021

Name & Address:

Randall J. Blachman
7850 Shea Rd
IRA MI 48023

\$ 1,000⁰⁰ \$

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

[Click Here for Memo Itemization](#)

Occupation Business Owner Employer

Business Address 7850 Shea Rd, IRA MI 48023

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

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 9/1/2021

Name & Address:

Jerome Crawford
1395 Antrodan Ave Apt 51
Detroit, MI 48207

\$ 1000⁰⁰ \$

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

[Click Here for Memo Itemization](#)

Occupation Business Owner Employer

Business Address 1395 Antrodan Ave Apt 51

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

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 9/1/2021

Name & Address:

James C. George
862 Cumberland Rdg CT
Rochester MI, 48307-2682

\$ 1,000⁰⁰ \$

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

[Click Here for Memo Itemization](#)

Occupation Business Owner Employer

Business Address 862 Cumberland Rdg CT

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

Page Subtotal

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

4,000⁰⁰

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 139817
2. Committee Name Wanda (morean) Goodnow

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 9/7/2021

Name & Address:

John A. GEORGE
19634 Westchester
Clinton Township MI 48036-6445

\$ 1000⁰⁰ \$

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

Occupation Business Owner Employer

[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 9/1/2021

Name & Address:

James GEORGE
19634 Westchester
Clinton Township, MI, 48038

\$ 1,000⁰⁰ \$

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

Occupation Business Owner Employer

[Click Here for Memo Itemization](#)

Business Address 19634 Westchester

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 9/1/2021

Name & Address:

Shirley Thomas
11711 Champaign Ave
Warren MI, 48099

\$ 150⁰⁰ \$

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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 9/3/2021

Name & Address:

Pauline Delwood
10 Maple
Mount Clemens, MI, 48043

\$ 100⁰⁰ \$

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

Page Subtotal

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

2,250

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 139817
2. Committee Name Wanda (MORGAN) Goodnick

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 9/18/2021

Name & Address:

Terrance Stanger
13602 Martin Rd
Warren MI 48088

\$ 200⁰⁰

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

Occupation Pastor Employer Trile Stone Baptist Church Click Here for Memo Itemization

Business Address 23512 Henry B Joy Blvd Clinton Twp, MI 48036

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

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 9/15/2021

Name & Address:

0 Lu Savari
37455 Storeway
Henof Twp, MI 48048

\$ 50⁰⁰

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 9/11/2021

Name & Address:

Shelia Strunk
24106 Meadowlark Dr
Clinton Twp MI 48035

\$ 50⁰⁰

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

Click Here for Memo Itemization

Occupation Retired Employer _____

Business Address _____

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

3. Contribution # 4 PAC Receipt? ☐ YES

4. Date of Receipt 9/26/2021

Name & Address:

Worship Center alne
P.O. Box 969
New Baltimore

\$ 200⁰⁰

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

Click Here for Memo Itemization

Occupation Pastor 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)

500⁰⁰

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

139817

2. Committee Name

Wanda Morgan Goodmora

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

10/2/2021

Name & Address:

David & Hilal Tirell
292 Stones St
Mount Clemens, MI 48043-1608

\$ 8000

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 #2 PAC Receipt? ☐ YES

4. Date of Receipt

10/1/2021

Name & Address:

Dr. Sherman C. Hingham
William C. Hingham
17488 Canvassack Dr
Clinton Township, MI 48038

\$ 2500

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

9/20/2021

Name & Address:

ASHLEY GEORGE
19634 Westchester
Clinton Township MI 48038

\$ 1,0000

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

Occupation Business Owner 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

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

1,155

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139827
2. Committee Name Wanda (Morgan) Goodnight

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>hance Glenn</u> Address <u>11526 Silver dr</u> <u>Sterling Heights</u> <u>48314</u> ☐ Fund Raiser	Purpose: <u>CANNUSSAR</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/8/2021</u> Date	<u>\$ 25.00</u>
Expenditure #2 Name <u>hance Glenn</u> Address <u>11526 Silver dr</u> <u>Sterling Heights</u> <u>48314</u> ☐ Fund Raiser	Purpose: <u>CANNUSSAR</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/9/2021</u> Date	<u>\$ 25.00</u>
Expenditure #3 Name <u>Eddie Morgan</u> Address <u>50 Church St. apt</u> <u>Mount Clemens MI 48043</u> ☐ Fund Raiser	Purpose: <u>CANNUSSAR</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/2/2021</u> Date	<u>\$ 25.00</u>
Expenditure #4 Name <u>Eddie Morgan</u> Address <u>50 Church St. apt</u> <u>Mount Clemens MI 48043</u> ☐ Fund Raiser	Purpose: <u>CANNUSSAR</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/3/2021</u> Date	<u>\$ 25.00</u>
Expenditure #5 Name <u>Eddie Morgan</u> Address <u>50 Church St. apt 205</u> <u>Mount Clemens MI 48043</u> ☐ Fund Raiser	Purpose: <u>CANNUSSAR</u> Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/4/2021</u> Date	<u>\$ 25.00</u>

Subtotal this page

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

\$125.00

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139817
2. Committee Name Wanda ~~Adrian~~ Goodnow

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Eddie Morgan</u> Address <u>50 Church St.</u> <u>Mount Clemens MI</u> <u>48043 705</u> ☐ Fund Raiser	Purpose: <u>Canvasser</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/5/2021</u> Date	<u>\$ 25⁰⁰</u>
Expenditure #2 Name <u>Eddie Morgan</u> Address <u>50 Church St. Apt 705</u> <u>Mount Clemens MI.</u> <u>48043</u> ☐ Fund Raiser	Purpose: <u>Canvasser</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/6/2021</u> Date	<u>\$ 25⁰⁰</u>
Expenditure #3 Name <u>Eddie Morgan</u> Address <u>50 Church St. Apt 705</u> <u>Mount Clemens MI</u> <u>48043</u> ☐ Fund Raiser	Purpose: <u>Canvasser</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/7/2021</u> Date	<u>\$ 25⁰⁰</u>
Expenditure #4 Name <u>Eddie Morgan</u> Address <u>50 Church St. Apt 705</u> <u>Mount Clemens MI</u> <u>48043</u> ☐ Fund Raiser	Purpose: <u>Canvasser</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/8/2021</u> Date	<u>\$ 25⁰⁰</u>
Expenditure #5 Name <u>Eddie Morgan</u> Address <u>50 Church St. Apt 705</u> <u>Mount Clemens MI</u> <u>48043</u> ☐ Fund Raiser	Purpose: <u>Canvasser</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/9/2021</u> Date	<u>\$ 25⁰⁰</u>

Subtotal this page

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

\$ 125⁰⁰

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139817
2. Committee Name Wanda (Melba) Goodnough

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>United States Postal Services</u> Address <u>155 S. Main St + Mount Clemens MI 48040 9998</u> ☐ Fund Raiser	Purpose: <u>Box (PO)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/25/02</u> Date	<u>\$59.00</u>
Expenditure #2 Name <u>American Graphic Printing</u> Address <u>34895 Grossbeck Hwy Clinton Twp MI, 48035</u> ☐ Fund Raiser	Purpose: <u>Cover up labels art creation & Setup</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/2/02</u> Date	<u>\$127.00</u>
Expenditure #3 Name <u>American Graphic's Services Grossbeck Highway</u> Address <u>34895 Mount Clemens MI, 48040</u> ☐ Fund Raiser	Purpose: <u>Setup Mailers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/3/02</u> Date	<u>\$1000.00</u>
Expenditure #4 Name <u>American Graphic's Services</u> Address <u>34895 Grossbeck Highway Mount Clemens, MI 48040</u> ☐ Fund Raiser	Purpose: <u>Setup Mailers Postage</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/25/02</u> Date	<u>\$1,000.00</u>
Expenditure #5 Name <u>Office Depot/Office Max</u> Address <u>Sterling Heights 44835 Schenck Rd 48313-1139</u> ☐ Fund Raiser	Purpose: <u>flyers 1000 copies</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/4/02</u> Date	<u>\$531.00</u>

Subtotal this page

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

4,717.00

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139817
2. Committee Name Wanda (morean) Goodnoll

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Alonso Tinsley</u> Address <u>2091 Harper Woods MI, 48225</u> ☐ Fund Raiser	Purpose: <u>Flyer layout</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/7/2021</u> Date	<u>105.00</u>
Expenditure #2 Name <u>Lance Glenn</u> Address <u>11526 Silverd Sterling Heights 48314</u> ☐ Fund Raiser	Purpose: <u>Cannessars</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/2/2021</u> Date	<u>\$28.00</u>
Expenditure #3 Name <u>Lance Glenn</u> Address <u>11526 Silverd Sterling Heights 48314</u> ☐ Fund Raiser	Purpose: <u>Canness</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/3/2021</u> Date	<u>\$25.00</u>
Expenditure #4 Name <u>Lance Glenn</u> Address <u>11526 Silverd Sterling Heights 48314</u> ☐ Fund Raiser	Purpose: <u>Canness</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/4/2021</u> Date	<u>\$25.00</u>
Expenditure #5 Name <u>Lance Glenn</u> Address <u>11526 Silverd Sterling Heights 48314</u> ☐ Fund Raiser	Purpose: <u>Canness</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/5/2021</u> Date	<u>\$25.00</u>

Subtotal this page

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

205.00

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139817
2. Committee Name Wanda (merger) Goodmough

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Family Dollar</u> Address <u>251 Southland</u> <u>Grand Ave</u> <u>Clinton Township MI</u> <u>48043</u> ☐ Fund Raiser	<u>ziploc bags</u> Purpose: <u>for masks for</u> <u>Seniors</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/12/2021</u> Date	<u>43⁰⁰</u>
Expenditure #2 Name <u>Budget Wise Truck</u> Address <u>34703 Van Dyke Ave</u> <u>MI, 48312</u> ☐ Fund Raiser	<u>Food delivery</u> Purpose: <u>Food delivery</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/14/2021</u> Date	<u>\$ 160⁰⁰</u>
Expenditure #3 Name <u>999 Bounce House.com</u> Address _____ ☐ Fund Raiser	<u>Community</u> <u>Activity Event</u> Purpose: <u>Community Activity Event</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/7/2021</u> Date	<u>\$ 596⁰⁰</u>
Expenditure #4 Name <u>Slaw dogs</u> Address <u>35660 Harper</u> <u>Clinton Twp MI</u> <u>48035</u> ☐ Fund Raiser	<u>Community</u> <u>Activity Event</u> Purpose: <u>Community Activity Event</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/2021</u> Date	<u>\$ 1000⁰⁰</u>
Expenditure #5 Name <u>alphonso Tinsley</u> Address <u>20491 Harper</u> <u>Woods MI, 48225</u> ☐ Fund Raiser	<u>Campaign</u> <u>sign layout</u> Purpose: <u>Campaign sign layout</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/24/2021</u> Date	<u>\$ 210⁰⁰</u>

Subtotal this page

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

12,009.15

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Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139817
2. Committee Name CTE Wanda (MORAN) Goodhouse

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>3NA CK Depot</u> Address <u>21032 GROBCK</u> <u>WARREN MI, 48089</u> ☐ Fund Raiser	Purpose: <u>Community events</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/2021</u> Date	<u>\$ 276.58</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 _____
Grand Total of all Schedules 1B
(Complete on last page of Schedule) _____
Enter this total on line 8a of Summary Page