



**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 139033		3. This Statement covers From: 01/12/2021 to 10/17/2021	
2. Committee Name CTE John Dupray for Mayor		4. Candidate Last Name Dupray First Name John M.I. W 4a. Office Sought Including District # or Community Served (If applicable) Mayor of the City of New Baltimore ☒ 4b. County of Residence MACOMB ☒	
5. Committee's Mailing Address CTE John Dupray for Mayor 50880 Atwood St. New Baltimore, MI 48047 Area Code and Phone (586) 646-0383 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 Nancy D. Shanahan 38690 Lake Shore Dr. Harrison Twp., MI 48045 Area Code & Phone (586) 468-6152	
7. Treasurer's Business Address Retired Area Code and Phone _____		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) John W. Dupray 50880 Atwood St. New Baltimore, MI 48047 Area Code and Phone (586) 646-0383	
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 11/02/2021		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.	
9c. ☐ Annual Statement () Coverage Year 9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)			
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 Nancy D. Shanahan Type or Print Name		Nancy D. Shanahan Signature Date 10-20-2021	
Candidate John W. Dupray Type or Print Name		John W. Dupray Signature Date 10-20-2021	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139033

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE John Dupray for Mayor

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>3,805.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>3,805.00</u>	(18.) \$ <u>3,805.00</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>3,805.00</u>	(20.) \$ <u>3,805.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$321.77</u>	(21.) \$ <u>\$321.77</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>\$3,980.38</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>\$3,980.38</u>	(23.) \$ <u>\$3,980.38</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>\$0.00</u>
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>\$1,549.38</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>3,805.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$5,354.38</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$3,980.38</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$1,414.00</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139033
2. Committee Name CTE John Dupray for Mayor

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>09/03/2021</u> Name & Address: <u>Jacquelyn M. Smith</u> <u>6125 Dixon</u> <u>IL, 60532-4151</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Dean</u> Employer <u>Midwestern University</u> Business Address <u>Glendale, AZ</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/03/2021</u> Name & Address: <u>Cheryl S. Koehs</u> <u>47211 Mission Valley East</u> <u>Macomb, MI 48042-5152</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/15/2021</u> Name & Address: <u>John & Peggy Vandebossche</u> <u>41554 Conger Bay</u> <u>Harrison Twp., MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/20/2021</u> Name & Address: <u>Terry Vandeermeer</u> <u>52068 Elizabeth Ln</u> <u>New Baltimore, MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>

Page Subtotal \$500.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139033
2. Committee Name CTE John Dupray for Mayor

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>09/20/2021</u> Name & Address: Nancy Vandermeer 50268 Elizabeth Ln New Baltimore, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</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 v	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/15/2021</u> Name & Address: Marion & Kurt Goldenbogen 8473 Dixie Hwy Fair Haven, MI 48023		\$ <u>50.00</u>	\$ <u>50.00</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 v	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/15/2021</u> Name & Address: MJ Schmid 52221 Base St. New Baltimore, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</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 v	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/17/2021</u> Name & Address: Judith Drompp 36481 Front Street New Baltimore, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</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 v	

Page Subtotal \$ 200.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139033
2. Committee Name CTE John Dupray for Mayor

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>09/17/2021</u> Name & Address: Joseph D. Drompp 36481 Front Street New Baltimore, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</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 v	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/17/2021</u> Name & Address: James W. Schirmer 36719 Main St. New Baltimore, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</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 v	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/17/2021</u> Name & Address: Amanda M. Schirmer 36719 Main St. New Baltimore, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</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 v	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/16/2021</u> Name & Address: Cory & Brittany Tarsenko 52400 Huntley Ave. New Baltimore, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</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 v	

Page Subtotal \$200.00

Grand Total of All Schedules 1A
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Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139033
2. Committee Name CTE John Dupray for Mayor

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>09/18/2021</u>	
Name & Address: Timothy C Webb 51965 Fox Pointe Dr. New Baltimore, MI 48047		\$ <u>35.00</u>	\$ <u>35.00</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 v	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/16/2021</u>	
Name & Address: Michelle M Krause 35066 Newport Ct. New Baltimore, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</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 v	
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/18/2021</u>	
Name & Address: Bernadette Krupa 36876 Main St. New Baltimore, MI 48047		\$ <u>25.00</u>	\$ <u>25.00</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 v	
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/15/2021</u>	
Name & Address: Janet & William McClellan 36554 Marquardt New Baltimore, MI 48047		\$ <u>25.00</u>	\$ <u>25.00</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 v	

Page Subtotal \$135.00

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

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**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 139033
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/15/2021</u> Name & Address: <u>John & Catherine Dailey</u> <u>54590 Ridge Rd.</u> <u>New Baltimore, MI 48047</u>		\$ <u>50.00</u>	\$ <u>50.00</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 v	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/15/2021</u> Name & Address: <u>Tom Hausworth</u> <u>49550 Regetta</u> <u>Chesterfield, MI 48047</u>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/16/2021</u> Name & Address: <u>Stephen R. Saph Jr.</u> <u>44 Macomb Pl.</u> <u>Mt. Clemens, MI 48046</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Insurance</u> Employer <u>Nickels & Saph, Inc.</u> Business Address <u>44 Macomb Pl. P.O. Box 46907 Mt. Clemens, MI 48046</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/16/2021</u> Name & Address: <u>Suzanne & Robert Vitale</u> <u>36124 St. Clair Dr.</u> <u>New Baltimore, MI 48047</u>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Lawyer</u> Employer <u>Robert J. Vitale & Associates</u> Business Address <u>33497 23 Mile Rd. Chesterfield, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization v	

Page Subtotal **\$850.00**

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2021</u>	
Name & Address: Monica Hayman 50891 Marsha Lane New Baltimore, MI 48047		\$ <u>25.00</u>	\$ <u>25.00</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 v	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2021</u>	
Name & Address: Florence Hayman 53540 Grace Drive New Baltimore, MI 48047		\$ <u>25.00</u>	\$ <u>25.00</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 v	
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/25/2021</u>	
Name & Address: Jeffrey T. Byrum 53728 Meadow View Ln New Baltimore, MI 48047		\$ <u>25.00</u>	\$ <u>25.00</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 v	
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/24/2021</u>	
Name & Address: Joseph Demick 52720 Base St. New Baltimore, MI 48047		\$ <u>25.00</u>	\$ <u>25.00</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 v	

Page Subtotal \$100.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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1. Committee I.D. Number 139033
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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 Name & Address: John Johnson 59 Walnut Ave. Mt. Clemens, MI 48043	PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/2021</u>	\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Southeast Chamber of Commerce</u> Business Address <u>59 Walnut Ave, Suite 206 Mt. Clemens, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution #2 Name & Address: Dorothy & James Goldenbogen 8734 Dixie Hwy #28 Fair Haven, MI 48023	PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/2021</u>	\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution # 3 Name & Address: Dan Horton 36500 Front St. New Baltimore, MI 48047	PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/2021</u>	\$ <u>50.00</u>	\$ <u>50.00</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 v	
3. Contribution # 4 Name & Address: Sharon Horton 36500 Front St. New Baltimore, MI 48047	PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/2021</u>	\$ <u>50.00</u>	\$ <u>50.00</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 v	

Page Subtotal **\$450.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139033
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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>09/26/2021</u> Name & Address: Allyn Ryder 37047 Highview St. New Baltimore, MI 48047		\$ <u>30.00</u>	\$ <u>30.00</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 v	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/2021</u> Name & Address: Paul Eckhout 38760 Lagae St. New Baltimore, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</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 v	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/2021</u> Name & Address: Frank Krause 35066 Newport Ct. New Baltimore, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/26/2021</u> Name & Address: Teresa M. Gaydos 26909 Ann Arbor Trail Dearborn Heights, MI 48127		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization v	

Page Subtotal \$280.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139033
2. Committee Name CTE John Dupray for Mayor

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>09/20/2021</u>	
Name & Address: Lois Pierson 36984 Highview St. New Baltimore, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</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>09/20/2021</u>	
Name & Address: Sally Ward 37409 Woodland Dr. New Baltimore, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</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>09/20/2021</u>	
Name & Address: William R. Ward 37409 Woodland Dr. New Baltimore, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</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>09/20/2021</u>	
Name & Address: Donald & Laureen Huff 53637 Atherton St. New Baltimore, MI 48047		\$ <u>40.00</u>	\$ <u>40.00</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 **\$240.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139033
2. Committee Name CTE John Dupray for Mayor

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 <u>09/24/2021</u>	
Name & Address: Joseph Stahovec Jr. 52800 Base St. New Baltimore, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</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 v	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2021</u>	
Name & Address: Richard & Margo Ziemer 35410 St. Clair Dr. New Baltimore, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</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 v	
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/22/2021</u>	
Name & Address: Anthony G. Fahoome 38851 Hampton Court Harrison Twp., MI 48045		\$ <u>50.00</u>	\$ <u>50.00</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 v	
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/22/2021</u>	
Name & Address: Tamara A. Disser 38851 Hampton Court Harrison Twp., MI 48045		\$ <u>50.00</u>	\$ <u>50.00</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 v	

Page Subtotal \$200.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139033
2. Committee Name CTE John Dupray for Mayor

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 <u>09/26/2021</u> Name & Address: Kathy Vosburg 47395 Sugarbush Rd: Chesterfield, MI 48047		\$ <u>25.00</u>	\$ <u>25.00</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 v	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/25/2021</u> Name & Address: Gary & Patti Gendernalik 52624 Laurel Oak Ln Chesterfield, MI 48047		\$ <u>25.00</u>	\$ <u>25.00</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 v	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/07/2021</u> Name & Address: Carrie Weinreich 50740 Lenox St. New Baltimore, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</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 v	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/07/2021</u> Name & Address: Carl Weinreich 50740 Lennox St. New Baltimore, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</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 v	

Page Subtotal **\$150.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A**

CANDIDATE COMMITTEE

1. Committee I.D. Number 139033
2. Committee Name CTE John Dupray for Mayor

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>10/11/2021</u> Name & Address: <u>Tom Goldenbogen</u> <u>36500 Front St.</u> <u>New Baltimore, MI 48047</u>	<u>\$ 50.00</u>	<u>\$ 50.00</u>
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 _____ Name & Address: <u>Patricia Goldenbogen</u> <u>36500 Front St.</u> <u>New Baltimore, MI 48047</u>	<u>\$ 50.00</u>	<u>\$ 50.00</u>
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 <u>09/29/2021</u> Name & Address: <u>John A. Dolan</u> <u>22600 Hall Rd. Ste205</u> <u>Clinton Twp., MI 48036</u>	<u>\$ 200.00</u>	<u>\$ 200.00</u>
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation <u>Attorney</u> Employer <u>York , Dolan & Tomlinson PC</u> Business Address <u>22600 Hall Rd. Ste.205 Clinton Twp., MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____ Name & Address: <u>Timothy D. Tomlinson</u> <u>22600 Hall Rd. Ste 205</u> <u>Clinton Twp., MI 48036</u>	<u>\$ 200.00</u>	<u>\$ 200.00</u>
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation <u>Attorney</u> Employer <u>York, Dolan & Tomlinson PC</u> Business Address <u>22600 Hall Rd. Ste 205 Clinton Twp., MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		

Page Subtotal \$500.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) \$3,805.00

Enter this total on
line 3a of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number **139033**

2. Committee Name **CTE John Dupray for Mayor**

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 all 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 PAC Receipt? ☐ Yes

Name & Address:

Mike Zoli

35354 Harrison

New Baltimore, MI 48047

If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Business Address:

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 Pulled Pork & Buns

5. Date Of Receipt: 09/26/2021

6. Vendor Name & Address:

Krogers

35000 23 Mile Rd.

Chesterfield, MI 48047

\$ 20.00 \$ 20.00

[Click Here for Memo Itemization](#)

☒ Fund Raiser Contribution

Contribution # 2 PAC Receipt? ☐ Yes

Name & Address:

Jacob Diettrich

53551 Meadow Creek Circle

New Baltimore, MI 48047

If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Address:

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 Pulled Pork & Buns

5. Date Of Receipt: 09/26/2021

6. Vendor Name & Address:

Krogers

35000 23 Mile Rd.

Chesterfield, MI 48047

\$ 20.00 \$ 20.00

[Click Here for Memo Itemization](#)

☒ Fund Raiser Contribution

Contribution #3 PAC Receipt? ☐ Yes

Name & Address:

Bob Higgins

51820 Rivard

New Baltimore, MI 48047

If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Address:

Wooden Valve

36310 Main St.

New Baltimore, MI 48047

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 Food for Fundraiser

5. Date Of Receipt: 09/26/2021

6. Vendor Name & Address:

Wooden Valve

36310 Main St.

New Baltimore, MI 48047

\$ 100.00 \$ 100.00

[Click Here for Memo Itemization](#)

☒ Fund Raiser Contribution

Page Subtotal **\$140.00**

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

Enter this total
on line 6 of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139033

CANDIDATE COMMITTEE

2. Committee Name CTE John Dupray for Mayor

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 all 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 PAC Receipt? ☐ Yes Name & Address: Mary Higgins 51820 Rivard New Baltimore, MI 48047 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address: Fins Restaurant 51006 Washington New Baltimore, MI 48047 ☒ 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>Food for fund raiser</u> 5. Date Of Receipt: <u>09/26/2021</u> 6. Vendor Name & Address: Fins Restaurant 51006 Washington New Baltimore, MI 48047 Click Here for Memo Itemization v	\$ <u>100.00</u>	\$ <u>100.00</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: Patricia Goldenbogen 36500 Front St. New Baltimore, MI 48047 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☒ 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>Salads and Cake</u> 5. Date Of Receipt: <u>09/26/2021</u> 6. Vendor Name & Address: Krogers 35000 23 Mile Rd. Chesterfield, MI 48047 Click Here for Memo Itemization v	\$ <u>11.38</u>	\$ <u>51.38</u>
Contribution #3 PAC Receipt? ☐ Yes Name & Address: Catherine Dupray 50880 Atwood St. New Baltimore, MI 48047 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☒ 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>Wine, Chips, & Cookies</u> 5. Date Of Receipt: <u>09/26/2021</u> 6. Vendor Name & Address: BS's Town Center Blvd Chesterfield, MI 48047 Click Here for Memo Itemization v	\$ <u>35.49</u>	\$ <u>35.49</u>

Page Subtotal **\$146.87**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139033

CANDIDATE COMMITTEE

2. Committee Name CTE John Dupray for Mayor

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 all 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 PAC Receipt? ☐ Yes Name & Address: Catherine Dupray 50880 Atwood New Baltimore, MI 48047 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	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>Beer, Pop, Ice, Wine</u> 5. Date Of Receipt: <u>09/26/2021</u> 6. Vendor Name & Address: Krogers 35000 23 Mile Rd. Chesterfield, MI 48047	\$ <u>34.90</u>	\$ <u>70.39</u>
☒ Fund Raiser Contribution			
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	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 _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____
☐ Fund Raiser Contribution			
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	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 _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address:	\$ _____	\$ _____
☐ Fund Raiser Contribution			

Page Subtotal \$34.90

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) \$321.77

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139033
2. Committee Name CTE John Dupray for Mayor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ABCC Address Anchor Bay Chamber of Commerce 51180 Bedford New Baltimore, MI 48047 ☒ Fund Raiser	Purpose: <u>Golf Outing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/24/2021</u> Date	\$ <u>150.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name Anchor Bay K of C Address 50931 Maria St. New Baltimore, MI 48047 ☒ Fund Raiser	Purpose: <u>Golf Outing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/07/2021</u> Date	\$ <u>125.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name Thunderbolt Charity Golf Address Selfridge Air National Guard Base Building 570 Selfridge, MI 48048 ☒ Fund Raiser	Purpose: <u>Golf Outing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/03/2021</u> Date	\$ <u>100.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name ABCC Address Anchor Bay Chamber of Commerce 51180 Bedford New Baltimore, MI 48047 ☐ Fund Raiser	Purpose: <u>Meet the Canidate</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/15/2021</u> Date	\$ <u>50.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name Polar Graphics Address 32061 Holly Drive Chesterfield TWp., MI 48047 ☐ Fund Raiser	Purpose: <u>Flyers & Postcards</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/18/2021</u> Date	\$ <u>714.05</u> Click Here for Memo Itemization Type

Subtotal this page **\$1,139.05**

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**

1. Committee I. D. Number 139033
2. Committee Name CTE John Dupray for Mayor

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 Post Office</u> Address WWW.usps.com Stamps Fulfillment Service 8300 NE Underground Drive Pillar 210 Kansas City, MO 64144-001 ☐ Fund Raiser	Purpose: <u>Stamps</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/30/2021</u> Date	<u>\$ 850.84</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Staples</u> Address 51382 Gratiot Ave. Chesterfield, MI 48051 ☐ Fund Raiser	Purpose: <u>Labels & Envelopes</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/11/2021</u> Date	<u>\$ 54.03</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>The American Ink Printing</u> Address 33812 Groesbeck Hwy Clinton Twp., MI 48035 ☐ Fund Raiser	Purpose: <u>Signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/27/2021</u> Date	<u>\$ 375.24</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>4Imprints</u> Address 4imprint.com 101 Commerce St. Oshkosh, WI 54901 ☐ Fund Raiser	Purpose: <u>Magnets</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/01/2021</u> Date	<u>\$ 89.00</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>Menards</u> Address 45500 Marketplace Blvd Chesterfield, MI 48051 ☐ Fund Raiser	Purpose: <u>Stakes for Signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/25/2021</u> Date	<u>\$ 264.47</u> Click Here for Memo Itemization Type

Subtotal this page **\$1,633.58**

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**

1. Committee I. D. Number 139033
2. Committee Name CTE John Dupray for Mayor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Sawicki & Son Address 1521 W.Lafayette Detroit, MI 48216 ☐ Fund Raiser	Purpose: Signs ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/01/2021 Date	\$ 728.22 Click Here for Memo Itemization Type v
Expenditure #2 Name Polar Graphics Address 32061 Holly Drive Chesterfield Twp., MI 48047 ☐ Fund Raiser	Purpose: Flyers ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/05/2021 Date	\$ 354.53 Click Here for Memo Itemization Type v
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type v
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type v
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type v

Subtotal this page **\$1,082.75**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$3,855.38**

Enter this total
on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139033
2. Committee Name CTE John Dupray for Mayor

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>09/26</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>52</u>	5. Type of Fund Raising Activity <u>Meet & Greet</u>	6. Address and Name (If any) of the place where the activity was held. <u>36500 Front St.</u> <u>New Baltimore, MI</u> <u>48047</u> ☒ Private Residence
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7. Total Contributions \$3,805.00
8. Other Receipts \$0.00
9. Gross Receipts (Add lines 7 and 8) \$3,805.00
10. Total Cost of Event \$321.77
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11: ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.