



**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 140106 2. Committee Name CTE BRAD KERSTEN 5. Committee's Mailing Address P O BOX 534 CHESTERFIELD, MI 48047 Area Code and Phone (810) 250-8196 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. 7. Treasurer's Business Address 48832 GRATIOT CHESTERFIELD, MI 48047 Area Code and Phone (586) 598-5070		3. This Statement covers From: 07/21/2021 to 10/20/2021 4. Candidate Last Name KERSTEN First Name BRAD M.I. 4a. Office Sought Including District # or Community Served (If applicable) SUPERVISOR CHESTERFIELD TWP 4b. County of Residence MACOMB 6. Treasurer's Name & Residential Address JANET GILLESPIE 28060 GRAHAM CHESTERFIELD, MI 48047 Area Code & Phone (586) 322-2456 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		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.)	
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 JANET GILLESPIE Type or Print Name Candidate BRAD KERSTEN Type or Print Name		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 lates 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.	
Signature _____ Date 10/20/21 Signature _____ Date 10/20/21		Signature _____ Date 10/20/21 Signature _____ Date 10/20/21	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140106

2. Committee Name CTE BRAD KERSTEN

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>5,350.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>5,350.00</u>	(18.) \$ <u>8,250.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u></u>	(19.) \$ <u></u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>5,350.00</u>	(20.) \$ <u>8,250.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u></u>	(21.) \$ <u></u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u></u>	(22.) \$ <u></u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>2,213.20</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u></u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>27.90</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>2,241.10</u>	(23.) \$ <u>2,241.10</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u></u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u></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></u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u></u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>2,900.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>5,350.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>8,250.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>2,241.10</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>6,008.90</u>	*



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140106
2. Committee Name CTE BRAD KERSTEN

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/21/2021</u> Name & Address: HOISINGTON, WM & BARB 28188 COTTONWOOD CT CHESTERFIELD, MI 48047 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>500.00</u>	\$ <u>500.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/21/2021</u> Name & Address: MAIER, RAY & BONNIE 16428 NETTNEY MUSSEY, MI 48014 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>500.00</u>	\$ <u>500.00</u>
		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/06/2021</u> Name & Address: JOSEPH, DAVID 28637 BUCKINGHAMSHIRE DR CHESTERFIELD, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/08/2021</u> Name & Address: JONES, WENDY 50826 W SHAMROCK ST CHESTERFIELD, MI 48047 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	

Page Subtotal \$1,200.00

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 140106
2. Committee Name CTE BRAD KERSTEN

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 08/15/2021

Name & Address:

HARTMAN, LINDA
48221 FORBES ST
CHESTERFIELD, MI 48047

\$ 100.00

\$ 100.00

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

Occupation _____ Employer _____

Business Address _____

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

Click Here for Memo Itemization

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 09/10/2021

Name & Address:

YONO, MARIO
51715 BAKER RD
CHESTERFIELD, MI 48047

\$ 1000.00

\$ 1000.00

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

Occupation BLDG CONTRACTOR Employer SELF EMPLOYED

Business Address 51715 BAKER CHESTERFIELD, MI 48047

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 09/10/2021

Name & Address:

KRETSCH, DAVE
47212 JEFFERSON AVE
CHESTERFIELD, MI 48047

\$ 1000.00

\$ 1000.00

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

Occupation PLUMBING CONTRACTOR Employer SELF EMPLOYED

Business Address 47212 JEFFERSON AVE CHESTERFIELD, MI 48047

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 09/10/2021

Name & Address:

KASSAB, MARK
54135 QUEENSBOROUGH DR
SHELBY TWP, MI 48315

\$ 1000.00

\$ 1000.00

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

Occupation ATTORNEY Employer SELF EMPLOYED

Business Address 54135 QUEENSBOROUGH DR SHELBY TWP

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

Click Here for Memo Itemization

Page Subtotal **\$3,100.00**

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

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 140106
2. Committee Name CTE BRAD KERSTEN

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 09/08/2021

Name & Address:

SCHELIDE, ROBERT
6204 QUAKER DR
W BLOOMFIELD, MI 48322

\$ 1050.00

\$ 1050.00

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

Occupation POLICE CHIEF Employer SHELBY TOWNSHIP

[Click Here for Memo Itemization](#)

Business Address 52530 VAN DYKE SHELBY TWP, MI 48316

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

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

Name & Address

\$ _____

\$ _____

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 _____

Name & Address:

\$ _____

\$ _____

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

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

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

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

Name & Address

\$ _____

\$ _____

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

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

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

Page Subtotal **\$1,050.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **\$5,350.00**

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140106**
2. Committee Name **CTE BRAD KERSTEN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name YOUNique CARDS.COM INC Address 42816 WILSHARON STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/09/2021 Date	\$ 650.00 Click Here for Memo Itemization Type
Expenditure #2 Name MEMORY TIME, LLC Address 2280 CUMBERLAND ROCHESTER HILLS, MI 48307 ☐ Fund Raiser	Purpose: WEB DESIGN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/10/2021 Date	\$ 1400.00 Click Here for Memo Itemization Type
Expenditure #3 Name ANEDOT, INC Address 5555 HILTON AVE BATON ROUGE, LA 70808 ☐ Fund Raiser	Purpose: TRANSACTION FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/30/2021 Date	\$ 163.20 Click Here for Memo Itemization Type
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
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

Subtotal this page	\$2,213.20
Grand Total of all Schedules 1B (Complete on last page of Schedule)	\$2,213.20

Enter this total
on line 8a of
Summary Page