



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED 2021 OCT 20 PM 12:44
MACOMB COUNTY CLERK

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 87-2093007 139530		3. This Statement covers From: 08/10/2021 to 10/17/2021	
2. Committee Name Committee to Elect David D. Duffy		4. Candidate Last Name Duffy First Name David M.I. D 4a. Office Sought Including District # or Community Served (If applicable) New Baltimore City Council 4b. County of Residence MACOMB	
5. Committee's Mailing Address 36167 St. Clair Drive New Baltimore, MI 48047 Area Code and Phone (586) 805-6990 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 Denise E. Tinnette 36167 St. Clair Drive New Baltimore, MI 48047 Area Code & Phone (586) 404-0804	
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 11/02/2021		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 hereby 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 Denise E. Tinnette Type or Print Name		 Signature Date 10/19/21	
Candidate David D. Duffy Type or Print Name		 Signature Date 10/19/21	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 87-2093007

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect David D. Duffy

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>4,350.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$ 4,350.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	_____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	_____	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$ 39.17</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	_____	(22.) \$ _____
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$ 2,535.07</u>	
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.) \$	<u>\$ 2,535.07</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	_____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	_____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	_____	(24.) \$ _____
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	_____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	_____	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$ 4,350.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$ 4,350.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$ 2,535.07</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$ 1,814.93</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 87-2093007
2. Committee Name Committee To Elect David D. Duffy

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>09/14/2021</u> Name & Address: <u>Hari S Mali II</u> <u>32630 Bingham Road, Bingham Farms MI 48025-2430</u>		\$ <u>500.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Mission Pointe Health Care</u> Business Address <u>30700 Telegraph Rd, Bingham Farms, MI 48025</u> 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>09/13/2021</u> Name & Address: <u>AL AHMED</u> <u>Medical Vendor Consulting Inc.</u> <u>4479 Pontiac Lake Rd Suite 1D, Waterford MI 48238</u>		\$ <u>250.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>X-RAY OPERATOR</u> Employer <u>MEDICALVENDOR CONSULTING</u> Business Address <u>4479 Pontiac Lake Rd Suite 1D, Waterford MI 48238</u> 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>09/10/2021</u> Name & Address: <u>Rinaldo Acciavatti</u> <u>6321 Gratiot St Clair MI 48079</u>		\$ <u>200.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired Business Owner</u> 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>09/15/2021</u> Name & Address: <u>David Marker</u> <u>52627 Forest Hill, Chesterfield MI 48047</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	

Page Subtotal **\$1,000.00**

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 87-2093007

2. Committee Name Committee To Elect David D. Duffy

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 09/14/2021

Name & Address:

Allyn Ryder
37047 Highview, New Baltimore MI 48047

\$ 30.00

\$ _____

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

Pamela Kozak
1187 N Cranbrook, Bloomfield MI 48301

\$ 100.00

\$ _____

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

Occupation Business Owner Employer K&B Bread

Business Address 1187 N Cranbrook, Bloomfield MI 48301

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 09/08/2021

Name & Address:

Flo Hayman
53540 Grace Drive, New Baltimore MI 48047

\$ 50.00

\$ _____

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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 09/17/2021

Name & Address

Paul & Rose Miceli
36215 Madison, New Baltimore MI 48047

\$ 40.00

\$ _____

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](#)

Page Subtotal \$220.00

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 87-2093007

2. Committee Name Committee To Elect David D. Duffy

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>09/16/2021</u>	
Name & Address: Don & Laurie Huff 53637 Atherton, New Baltimore MI 48047		\$ 30.00	\$
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 <u>09/16/2021</u>	
Name & Address: RM & Pamela Lewicki 8147 River Road, Cottleville MI 48039		\$ 500.00	\$
5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Highway Auto Parts</u> Business Address <u>29231 Groesbeck Hwy, Roseville, MI 48066</u> 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>09/16/2021</u>	
Name & Address: Mike Wojciechowski 36179 St Clair Drive, New Baltimore MI 48047		\$ 25.00	\$
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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/16/2021</u>	
Name & Address: Thomas & Cheryl Hepp 35764 Bal Clair, New Baltimore MI 48047		\$ 50.00	\$
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	

Page Subtotal **\$605.00**

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 87-2093007

2. Committee Name Committee To Elect David D. Duffy

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>09/16/2021</u> Name & Address: Robert & Beth Hanvey 34623 Devonshire, New Baltimore MI 48047		\$ 100.00	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Clerical/Data</u> Employer <u>St Clair Community College</u> Business Address <u>323 Erie St. P.O. Box 5015 Port Huron, MI 48061-5015</u> 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>09/16/2021</u> Name & Address: Laura Szymanski 38281 Murdick Dr, New Baltimore MI 48047		\$ 25.00	\$ _____
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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/16/2021</u> Name & Address: Yvonne Ricci 35210 23 Mile Road, New Baltimore MI 48047		\$ 100.00	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Everything Special Florist</u> Business Address <u>35210 23 Mile Rd, New Baltimore, MI 48047</u> 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>09/17/2021</u> Name & Address: Karen Gharbie 36182 St Clair Drive, New Baltimore MI 48047		\$ 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	

Page Subtotal **\$325.00**

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



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 87-2093007
2. Committee Name Committee To Elect David D. Duffy

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 09/16/2021
Name & Address:

Dale Valliere
50590 Walpole, New Baltimore MI 48047

\$ 100.00

\$ _____

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

Occupation Park Ranger Employer Lake St. Clair Metropark

[Click Here for Memo Itemization](#)

Business Address 31300 Metro Pkwy, Harrison Twp., MI 48045

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 09/28/2021
Name & Address:

Scott Barabt
2060 W Valley Road, Bloomfield Hills MI 48304

\$ 100.00

\$ _____

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

Occupation Business Owner Employer Gas Hopper

[Click Here for Memo Itemization](#)

Business Address 17800 Mack Ave, Grosse Pointe, MI 48230

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 09/24/2021
Name & Address:

James C Thomas
49544 Compass Pointe Drive, Chesterfield, MI 48047

\$ 100.00

\$ _____

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

Occupation Business Owner Employer James C Thomas

[Click Here for Memo Itemization](#)

Business Address PO Box 283, New Baltimore MI 48047

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 09/24/2021
Name & Address:

Eric & Dawn Wolschleger
36233 Monroe Street, New Baltimore MI 48047

\$ 50.00

\$ _____

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 **\$350.00**

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 87-2093007

2. Committee Name Committee To Elect David D. Duffy

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 09/24/2021
Name & Address:

John A. Dolan
22600 Hall Road, Ste 205, Clinton Twp., MI 48036

\$ 200.00

\$ _____

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

Occupation Business Owner Employer York, Dolan & Tomlinson

[Click Here for Memo Itemization](#)

Business Address 22600 Hall Road, Ste 205, Clinton Twp., MI 48036

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 09/24/2021
Name & Address:

Timothy D. Tomlinson
22600 Hall Road, Ste 205, Clinton Twp., MI 48036

\$ 200.00

\$ _____

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

Occupation Business Owner Employer York, Dolan & Tomlinson

[Click Here for Memo Itemization](#)

Business Address 22600 Hall Road, Ste 205, Clinton Twp., MI 48036

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/15/2021
Name & Address:

Maria & Craig Sherman
56 Oxford, Grosse Pointe Shores, MI 480236

\$ 250.00

\$ _____

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

Occupation Business Owner Employer Trion Solutions Inc

[Click Here for Memo Itemization](#)

Business Address 888 Big Beaver Road #1000, Troy MI 48084

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/15/2021
Name & Address:

Michael & Anna Vigneron
8797 Ira Road, Fair Haven, MI 48023

\$ 100.00

\$ _____

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

Occupation Engineer Employer Vigneron Consulting

[Click Here for Memo Itemization](#)

Business Address 8797 Ira Road, Fair Haven, MI 48023

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

Page Subtotal

\$750.00

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



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 87-2093007
2. Committee Name Committee To Elect David D. Duffy

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 10/15/2021
Name & Address:

John Johnson
58337 Thomas Street, Fair Haven, MI 48023

\$ 500.00

\$ _____

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

Occupation Chamber President Employer Southeast MI Chamber of Commerce

[Click Here for Memo Itemization](#)

Business Address 59 S Walnut Ste #206, Mt. Clemens MI 48043

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/15/2021
Name & Address:

Khoder Abdallah
38229 Pinebrook Drive, Sterling Heights, MI 48310

\$ 500.00

\$ _____

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

Occupation Restaurant Owner Employer Juan Miguel

[Click Here for Memo Itemization](#)

Business Address 21342 Hall Road, Clinton Twp., MI 48038

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/15/2021
Name & Address:

Vincent & Lisa Hoyumpa
6849 Paint Creek, Shelby Twp., MI 48316

\$ 100.00

\$ _____

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

Occupation Customer Service Employer Petipren Distributing

[Click Here for Memo Itemization](#)

Business Address 44500 N Groesbeck Hwy., Clinton Twp. MI 48036

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt _____
Name & Address:

\$ _____

\$ _____

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

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

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

Page Subtotal

\$1,100.00

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

\$4,350.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 2093007

CANDIDATE COMMITTEE

2. Committee Name Committee To Elect David D. Duffy

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 Name & Address: Thomas & Cheryl Hepp 35764 Bal Clair 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>Supplies for Fundraiser</u> 5. Date Of Receipt: <u>09/14/2021</u> 6. Vendor Name & Address: Gordon Food Service 51630 Gratiot, Chesterfield MI 48051	\$ <u>39.17</u>	
☒ Fund Raiser Contribution			
Contribution # 2 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 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

\$39.17

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

\$39.17

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 87-2093007
2. Committee Name Committee To Elect David D. Duffy

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>The American Ink Printing Company</u> Address <u>33812 Groesbeck Hwy.</u> <u>Clinton Twp., MI 48035</u> ☐ Fund Raiser	Purpose: <u>Print Advertising/Mailing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/16/2021</u> Date	<u>\$ 2118.79</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Meijer</u> Address <u>36865 26 Mile Road</u> <u>Lenox MI 48048</u> ☒ Fund Raiser	Purpose: <u>Supplies for Fundraiser</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/15/2021</u> Date	<u>\$ 18.80</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>Kroger</u> Address <u>35000 23 Mile Road</u> <u>New Baltimore MI 48047</u> ☒ Fund Raiser	Purpose: <u>Supplies for Fundraiser</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/13/2021</u> Date	<u>\$ 19.48</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>United State Post Office</u> Address <u>35339 23 Mile Road</u> <u>New Baltimore MI 48047</u> ☐ Fund Raiser	Purpose: <u>Stamps for Mailers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/29/2021</u> Date	<u>\$ 92.80</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>United States Post Office</u> Address <u>35339 23 Mile Road</u> <u>New Baltimore MI 48047</u> ☐ Fund Raiser	Purpose: <u>Stamps for Mailers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/15/2021</u> Date	<u>\$ 34.80</u> Click Here for Memo Itemization Type

Subtotal this page

\$2,284.67

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 87-2093007
2. Committee Name Committee To Elect David D. Duffy

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Anley Flags</u> Address <u>323 South Fernwood Street</u> <u>West Covina, California 91791</u> ☐ Fund Raiser	Purpose: <u>Committee Supplies</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/2021</u> Date	<u>\$ 92.17</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Sam's Club</u> Address <u>31720 Gratiot Ave</u> <u>Roseville, MI 48066</u> ☒ Fund Raiser	Purpose: <u>Fundraiser Supplies</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/13/2021</u> Date	<u>\$ 158.23</u> Click Here for Memo Itemization Type
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
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 **\$250.40**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$2,535.07**

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 87-2093007
2. Committee Name Committee to Elect David D. Duffy

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>09/21</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>15</u>	5. Type of Fund Raising Activity <u>BBQ Fundraiser</u>	6. Address and Name (If any) of the place where the activity was held. <u>36167 St Clair Drive</u> <u>New Baltimore MI 48047</u> ☒ Private Residence
--	---	---	--

7. Total Contributions \$1,200.00

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) _____

10. Total Cost of Event \$235.68

(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 (1-1K), 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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 87-2093007
2. Committee Name Committee to Elect David D. Duffy

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>10/21</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>8</u>	5. Type of Fund Raising Activity <u>Breakfast Fundraiser</u>	6. Address and Name (if any) of the place where the activity was held. <u>The Pantry Restaurant</u> <u>44945 Morley Drive</u> <u>Clinton Twp., MI 48036</u> ☐ Private Residence
--	--	---	---

7. Total Contributions \$1,450.00

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) _____

10. Total Cost of Event \$0.00

(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-K), 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.