



**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: <u>10/18/2021</u> to <u>11/22/2021</u>		
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		
6. Treasurer's Name & Residential Address Denise E. Tinnette 36167 St. Clair Drive New Baltimore, MI 48047		
Area Code & Phone (586) 404-0804		
8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)		
Area Code and Phone		

1. Committee I.D. Number
87-2093007 139530

2. Committee Name
Committee to Elect David D. Duffy

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.

7. Treasurer's Business Address

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
11/2/2021

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 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	DENISE E TINNETTE	Signature	Date
Candidate	David Duffy	Signature	Date



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>1,300.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$1,300.00</u>	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$		(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$1,300.00</u>	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$		(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$3,554.56</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>\$3,554.56</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>\$2,973.16</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$1,300.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$4,273.16</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$3,554.56</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$718.60</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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>10/20/2021</u> Name & Address: <u>Frank Krause</u> <u>35066 Newport Court</u> <u>New Baltimore MI 48047</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>	\$ _____
				Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/04/2021</u> Name & Address: <u>Paul Cassidy</u> <u>51150 Washington</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>100.00</u>	\$ _____
				Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/15/2021</u> Name & Address: <u>Peter Thomas</u> <u>35943 Gratiot</u> <u>Clinton Township MI 48035</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>The Cash Exchange</u> Business Address <u>35943 Gratiot Clinton Township MI 48035</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser				\$ <u>200.00</u>	\$ _____
				Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>11/01/2021</u> Name & Address: <u>Fred Wolf</u> <u>34105 Mulvey</u> <u>Fraser MI 48026</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Marketing Rep</u> Employer <u>Southeast MI Chamber of Commerce</u> Business Address <u>59 S Walnut Ste #206 Mt Clemens MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser				\$ <u>400.00</u>	\$ _____
				Click Here for Memo Itemization	

Page Subtotal \$800.00

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 11/01/2021

Name & Address:

Patricia Johnson
58337 Thomas Street
Fair Haven MI 48023

\$ 500.00

\$ _____

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

Occupation Sales Assoc. 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 _____

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 \$500.00

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

\$1,300.00

Enter this total on
line 3a 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 BJs Wholesale Club Address 45101 Town Centre Blvd Chesterfield MI 48047 ☐ Fund Raiser	Purpose: <u>Supplies for Committee Meeting</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/25/2021</u> Date	<u>\$ 40.46</u> Click Here for Memo Itemization Type
Expenditure #2 Name Kroger Address 35000 23 Mile Road New Baltimore MI 48047 ☐ Fund Raiser	Purpose: <u>Supplies for Committee Meeting</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/2021</u> Date	<u>\$ 38.72</u> Click Here for Memo Itemization Type
Expenditure #3 Name Gordons Food Service Address 51630 Gratiot Chesterfield MI 48051 ☐ Fund Raiser	Purpose: <u>Supplies for Committee Party</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/2021</u> Date	<u>\$ 90.78</u> Click Here for Memo Itemization Type
Expenditure #4 Name Sams Club Address 31720 Gratiot Avenue Roseville MI 48066 ☐ Fund Raiser	Purpose: <u>Supplies for Committee Party</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/2021</u> Date	<u>\$ 186.39</u> Click Here for Memo Itemization Type
Expenditure #5 Name Bed Bath & Beyond Address 50551 Waterside Drive Chesterfield MI 48047 ☐ Fund Raiser	Purpose: <u>Supplies for Committee Party</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/2021</u> Date	<u>\$ 86.90</u> Click Here for Memo Itemization Type

Subtotal this page **\$443.25**
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 Weiss Meats Address 51094 DW Seaton Chesterfield MI 48047 ☐ Fund Raiser	Purpose: <u>Supplies for Election Party</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/08/2021</u> Date	\$ <u>252.81</u> Click Here for Memo Itemization Type v
Expenditure #2 Name The American Ink Printing Company Address 33812 Groesbeck Highway Clinton Township MI 48035 ☐ Fund Raiser	Purpose: <u>Print Advertising/Mailing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/2021</u> Date	\$ <u>1601.50</u> Click Here for Memo Itemization Type v
Expenditure #3 Name Advanced Screenprinting Address 35957 Mound Road #2 Sterling Heights, MI 48310 ☐ Fund Raiser	Purpose: <u>Printing/Shirts/Banners/Signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/03/2021</u> Date	\$ <u>1257.00</u> 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 **\$3,111.31**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$3,554.56**

Enter this total
on line 8a of
Summary Page