



**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 139522 2. Committee Name CTE Carl Weinreich 5. Committee's Mailing Address 50740 Lenox St. New Baltimore, MI 48047 Area Code and Phone - (586) 242-7341 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 36355 Front St., Ste. B New Baltimore, MI 48047 Area Code and Phone - (586) 900-1171		3. This Statement covers From: 10/18/2021 to 11/22/2021 4. Candidate Last Name Weinreich First Name Carl M.I. W. 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 Carl Weinreich 50740 Lenox St. New Baltimore, MI 48047 Area Code & Phone - (586) 242-7341 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)	
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 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 11/22/2021 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 Carl Weinreich,  Date 12/01/2021 Type or Print Name Signature Candidate Carl Weinreich,  Date 12/01/2021 Type or Print Name Signature	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139522

2. Committee Name CTE Carl Weinreich

**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>425.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>425.00</u>	(18.) \$ <u>825.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)			
	(4.) \$		(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>425.00</u>	(20.) \$ <u>825.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>2,263.19</u>	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>841.99</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>841.99</u>	(23.) \$ <u>841.99</u>
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>416.99</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>425.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>841.99</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>841.99</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>0</u>	*



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139522
2. Committee Name CTE Carl Weinreich

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>10/28/2021</u> Name & Address: <u>Thomas Goldenbogen</u> <u>36500 Front Street</u> <u>New Baltimore, MI 48047</u>		\$ <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>10/28/2021</u> Name & Address: <u>Patricia Goldenbogen</u> <u>36500 Front Street</u> <u>New Baltimore, MI 48047</u>		\$ <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>10/28/2021</u> Name & Address: <u>Dennis Scully</u> <u>35533 Addison Dr.</u> <u>New Baltimore, MI 48047</u>		\$ <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>10/28/2021</u> Name & Address: <u>Christopher Johnson</u> <u>36611 Main Street</u> <u>New Baltimore, MI 48047</u>		\$ <u>100.00</u>	\$ <u>100.00</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

175.00

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 139522
2. Committee Name CTE Carl Weinreich

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>10/28/2021</u> Name & Address: <u>Patty Robinet</u> <u>53870 Baker Rd.</u> <u>Chesterfield, 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>25.00</u>	\$ <u>25.00</u>
		Click Here for Memo Itemization v	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/28/2021</u> Name & Address: <u>James Klein</u> <u>5243 Hale Dr.</u> <u>Troy, MI 48085</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>
		Click Here for Memo Itemization v	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/28/2021</u> Name & Address: <u>Yolanda Klein</u> <u>5243 Hale Dr.</u> <u>Troy, MI 48085</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>
		Click Here for Memo Itemization v	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/28/2021</u> Name & Address: <u>Kathie Beindit</u> <u>36355 Front St., #4</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>25.00</u>	\$ <u>25.00</u>
		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 139522
2. Committee Name CTE Carl Weinreich

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>10/25/2021</u>	
Name & Address: <u>Joseph Drompp</u> <u>36481 Front Street</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 ▼	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/25/2021</u>	
Name & Address: <u>Judith Drompp</u> <u>36481 Front Street</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 ▼	
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address: _____		\$ _____	\$ _____
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 _____	
Name & Address: _____		\$ _____	\$ _____
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

100.00

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

425.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 139522
2. Committee Name CTE Carl Weinreich

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 <u>all</u> 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: <u>Carl Weinreich</u> <u>50740 Lenox St.</u> <u>New Baltimore, MI 48047</u> 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>postcard mailing</u> 5. Date Of Receipt: <u>10/22/2021</u> 6. Vendor Name & Address: <u>Sir Speedy</u> <u>20304 Harper Ave.</u> <u>Harper Woods, MI 48047</u>	\$ <u>1462.31</u>	\$ <u>3201.45</u>
☐ 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 fundraiser</u> 5. Date Of Receipt: <u>10/28/2021</u> 6. Vendor Name & Address: <u>Little Camille's by the Bay</u> <u>51083 Washington St</u> <u>New Baltimore, MI 48047</u>	\$ <u>247.30</u>	\$ <u>247.30</u>
☒ 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 fundraiser</u> 5. Date Of Receipt: <u>10/28/2021</u> 6. Vendor Name & Address: <u>Little Camille's by the Bay</u> <u>51083 Washington St</u> <u>New Baltimore, MI 48047</u>	\$ <u>200.00</u>	\$ <u>3401.45</u>
☒ 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 fundraiser</u> 5. Date Of Receipt: <u>10/28/2021</u> 6. Vendor Name & Address: <u>Little Camille's By The Bay</u> <u>51083 Washington St.</u> <u>New Baltimore, MI 48047</u>	\$ <u>200.00</u>	\$ <u>3401.45</u>
☒ 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 fundraiser</u> 5. Date Of Receipt: <u>10/28/2021</u> 6. Vendor Name & Address: <u>Little Camille's By The Bay</u> <u>51083 Washington St.</u> <u>New Baltimore, MI 48047</u>	\$ <u>200.00</u>	\$ <u>3401.45</u>

Page Subtotal 1909.61

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

CANDIDATE COMMITTEE

1. Committee I. D. Number 139522
2. Committee Name CTE Carl Weinreich

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: <u>Carl Weinreich</u> <u>50740 Lenox St</u> <u>New Baltimore, MI 48047</u> 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>Food & drink for fundraiser</u> 5. Date Of Receipt: <u>10/28/2021</u> 6. Vendor Name & Address: <u>Meijer</u> <u>27255 23-Mile Rd.</u> <u>Chesterfield, MI 48051</u>	\$ <u>353.58</u>	\$ <u>3755.03</u>
☒ Fund Raiser Contribution	Click Here for Memo Itemization		
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	Click Here for Memo Itemization		
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	Click Here for Memo Itemization		

Page Subtotal 353.58

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) 2263.19

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139522
2. Committee Name CTE Carl Weinreich

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Carl Weinreich</u> Address <u>50740 Lendx St.</u> <u>New Baltimore, MI 48047</u> ☐ Fund Raiser	Purpose: <u>loan payment</u> ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/22/2021</u> Date	<u>\$ 841.99</u>
Expenditure #2 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	_____ \$
Expenditure #3 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	_____ \$
Expenditure #4 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	_____ \$
Expenditure #5 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	_____ \$

Subtotal this page

841.99

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

841.99

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139522
2. Committee Name CTE Carl Weinreich

This Schedule itemizes:

a ☒ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: <u>Carl Weinreich</u> <u>50740 Lenox St.</u> <u>New Baltimore, MI 48047</u>	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10/06/2021</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,739.14</u>	<u>11/22 \$841.99</u> \$ \$ \$ \$	\$ <u>841.99</u>	\$ <u>897.15</u> ☒ FORGIVEN

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #2 Corp? ☐ Yes Owed to or by: <u>Carl Weinreich</u> <u>50740 Lenox St.</u> <u>New Baltimore, MI 48047</u>	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10/22/2021</u> 6. <u>Original Amount of Debt:</u> <u>\$ 2,015.89</u>	\$ \$ \$ \$ \$	\$ _____	\$ <u>2,015.89</u> ☒ FORGIVEN
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
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If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt) 0

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee) 0

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139522
2. Committee Name CTE Carl Weinreich

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>10/28/2021</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>34</u>	5. Type of Fund Raising Activity <u>meet, Greet & Support</u>	6. Address and Name (If any) of the place where the activity was held. <u>50740 Lenox St. New Baltimore, MI 48047</u> ☒ Private Residence
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7. Total Contributions 325.00

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) 325.00

10. Total Cost of Event 800.88
(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.