



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

30 MAR 2022 PM 03:03

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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**CANDIDATE COMMITTEE
COVER PAGE**

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: 10/21/2021 to 12/31/2021

1. Committee I.D. Number

139921

4. Candidate Last Name First Name M.I.

PATTON TAMMY T

2. Committee Name

CTE TAMMY T. PATTON

4a. Office Sought Including District # or Community Served (If applicable)

TRUSTEE, CLINTON TWP

4b. County of Residence **MACOMB COUNTY**

5. Committee's Mailing Address

**39150 AYNESLEY
CLINTON TWP, MI 48038**

6. Treasurer's Name & Residential Address

**CLIFFORD E PATTON III
39150 AYNESLEY
CLINTON TWP, MI 48038**

Area Code and Phone (313) 215-8053
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.

Area Code & Phone (313) 231-0676

7. Treasurer's Business Address

**39150 AYNESLEY
CLINTON TWP, MI 48038**

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone (313) 231-0676

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

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☒ Annual Statement (2021)
Coverage Year

9d. ☒ Amendment to Campaign Statement
(Complete Item 9a, 9b , 9c or 9e to indicate which Statement is being amended.)

Date of Election, Convention or Caucus

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.

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 _____
Type or Print Name

Signature

Submitted electronically,
signature on file

Date

03/30/2022

Candidate _____
Type or Print Name

Signature

Submitted electronically,
signature on file

Date

03/30/2022



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139921
2. Committee Name CTE TAMMY T. PATTON

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>10/21/2021</u>	
Name & Address: JOYCE ARAGONA 15971 AMORE ST CLINTON TWP, MI 48038		\$ <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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/21/2021</u>	
Name & Address: PATTON T TAMMY 39150 AYNESLEY ST CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TRUSTEE</u> Employer <u>CLINTON TOWNSHIP</u> Business Address <u>40700 ROMEO PLANK RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☒ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/21/2021</u>	
Name & Address: KENNETH WILLIAMS 19083 HAZELTON DR MACOMB, MI 48042		\$ <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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/21/2021</u>	
Name & Address: SCOTT CHABOT 41605 LEXINGTON DR CLINTON TWP, MI 48038		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR PROJECT ENGINEER</u> Employer <u>CHARTER TOWNSHIP OF CLINTON</u> Business Address <u>40700 ROMEO PLANK RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 450.00

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

Enter this total on
line 3a of Summary
Page.