



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

29 AUG 2022 PM 12:03

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**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: 07/18/2022 to 08/22/2022

1. Committee I.D. Number

140106

4. Candidate Last Name First Name M.I.

KERSTEN BRAD

2. Committee Name

CTE BRAD KERSTEN

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

SUPERVISOR, CHESTERFIELD TWP

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

5. Committee's Mailing Address

**P. O. BOX 534
CHESTERFIELD, MI 48047**

6. Treasurer's Name & Residential Address

**JANET GILLESPIE
28060 GRAHAM DRIVE
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.

Area Code & Phone (586) 322-2456

7. Treasurer's Business Address

**28060 GRAHAM DRIVE
CHESTERFIELD, MI 48047**

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

**BRAD KERSTEN
53300 SHAWN DRIVE
CHESTERFIELD, MI 48047**

Area Code and Phone (586) 322-2456

Area Code and Phone (810) 250-8196

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 () 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

08/02/2022

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

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

08/29/2022

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

08/29/2022



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140106

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE BRAD KERSTEN

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>5,675.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>5,675.00</u>	(18.) \$ <u>39,355.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>5,675.00</u>	(20.) \$ <u>39,355.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>7,305.26</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>35.90</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>7,341.16</u>	(23.) \$ <u>31,585.11</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</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>6,000.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>9,436.05</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>5,675.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>15,111.05</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>7,341.16</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>7,769.89</u> *	



**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>07/28/2022</u>	
Name & Address: SARA VAN PAEMEL 52517 SILENT RIDGE DR CHESTERFIELD, MI 48051		\$ <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>07/29/2022</u>	
Name & Address: DERON L MYERS 51937 D W SEATON DR CHESTERFIELD, MI 48047		\$ <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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/29/2022</u>	
Name & Address: MARK RASKA 26295 24 MILE RD CHESTERFIELD, MI 48051		\$ <u>100.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>26295 24 MILE RD, CHESTERFIELD, MI 48051</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/29/2022</u>	
Name & Address: JASON ARLOW 5709 ARNOLD RD COTTREVILLE, MI 48039		\$ <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			

Page Subtotal 400.00

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 <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>07/29/2022</u> Name & Address: JEFFERY WHITE 12856 BELLE RIVER RD RILEY TOWNSHIP, MI 48041		\$ <u>50.00</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>07/29/2022</u> Name & Address: GRETCHEN MEISEL 52439 INDIAN SUMMER DR CHESTERFIELD, MI 48051		\$ <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			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/29/2022</u> Name & Address: MARY THEUT 26175 24 MILE RD CHESTERFIELD, MI 48051		\$ <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>07/29/2022</u> Name & Address: JASON ORAM P O BOX 252755 WEST BLOOMFIELD, MI 48325		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>5STAROUTDOOR.COM</u> Business Address <u>P O BOX 252755, WEST BLOOMFIELD, MI 48325</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 350.00

Grand Total of All Schedules 1A
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**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>07/29/2022</u>	
Name & Address: JANET RIEHL 49446 GOULETTE POINTE DR CHESTERFIELD, MI 48047		\$ <u>250.00</u>	\$ <u>250.00</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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/29/2022</u>	
Name & Address: LAURA PANGORI 8106 ROSEBUD LN VILLAGE OF CLARKSTON, MI 48348		\$ <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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/29/2022</u>	
Name & Address: JOE ROSSEEL 25765 26 MILE RD LENOX, MI 48048		\$ <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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/29/2022</u>	
Name & Address: BRETT REINHOLD 35985 24 MILE RD NEW BALTIMORE, MI 48047		\$ <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			

Page Subtotal 500.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
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1. Committee I.D. Number 140106
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/29/2022</u> Name & Address: BERNARD ROSSEEL 25589 26 MILE RD LENOX, MI 48048		\$ <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>07/29/2022</u> Name & Address: TIMOTHY KELLY 51860 SALVATORI DR CHESTERFIELD, MI 48047		\$ <u>50.00</u>	\$ <u>300.00</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			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/29/2022</u> Name & Address: JASON LANG 49762 REGATTA ST CHESTERFIELD, MI 48047		\$ <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>07/29/2022</u> Name & Address: RICK KORTE 28313 KATIE RD CHESTERFIELD, MI 48047		\$ <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			

Page Subtotal 350.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/29/2022</u>	
Name & Address: BRYAN WINSTEN 34701 E WILMA CT CHESTERFIELD, MI 48047		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>OASIS POOLS</u> Business Address <u>34701 E WILMA CT, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/02/2022</u>	
Name & Address: MARK WORKENS 49750 GOULETTE POINTE DR CHESTERFIELD, MI 48047		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>MORTGAGE 1 INC</u> Business Address <u>43456 MOUND, 48314</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/02/2022</u>	
Name & Address: PAMELA MORRISON 330 HAMILTON ROW BIRMINGHAM, MI 48009		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LANDLORD</u> Employer <u>MANSOUR COMPANIES</u> Business Address <u>330 HAMILTON ROW, BIRMINGHAM, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/02/2022</u>	
Name & Address: MICHAEL VENDITTI 19588 LAMPLIGHTER TRAIL MACOMB, MI 48044		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>BIGGS BAR AND GRILL</u> Business Address <u>48265 GRATIOT AVE, CHESTERFIELD, MI 48051</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,200.00**

Grand Total of All Schedules 1A
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**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>08/02/2022</u>	
Name & Address: JOEL BALLOR 57760 MAIN ST NEW HAVEN, MI 48048		\$ <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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/04/2022</u>	
Name & Address: BOB MANN 54680 BRADSHAW DR NEW BALTIMORE, MI 48047		\$ <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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/05/2022</u>	
Name & Address: MIKE TYVAERT P O BOX 480519 NEW HAVEN, MI 48048		\$ <u>1,050.00</u>	\$ <u>1,050.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SHORELINE STEEL INC</u> Business Address <u>P O BOX 480519, New Haven, MI 48048</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/06/2022</u>	
Name & Address: KEITH L PIONK 52732 LAUREL OAK LN CHESTERFIELD, MI 48047		\$ <u>525.00</u>	\$ <u>1,025.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>KMP REALTY LLC</u> Business Address <u>35054 23 MILE RD, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,675.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 140106
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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>08/06/2022</u>	
Name & Address: JOHN H JOHNSON 58337 THOMAS ST NEW HAVEN, MI 48048		\$ <u>200.00</u>	\$ <u>550.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>SOUTHEAST MICHIGAN CHAMBER OF COMMERCE</u> Business Address <u>59 N WALNUT ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/06/2022</u>	
Name & Address: ANGELA SHEKKER 49598 REGATTA ST CHESTERFIELD, MI 48047		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>LANDSCAPING SERVICES</u> Business Address <u>49598 REGATTA ST, CHESTERFIELD, MI 48047</u> 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: 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: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

1,200.00

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

5,675.00

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 YOUNIGUECARDS.COM INC Address 42816 WILLSHARON ST STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: <u>PRINTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/25/2022</u> Date	\$ <u>150.00</u>
Expenditure #2 Name SUGARBUSH TAVERN Address 27900 SUGARBUSH RD CHESTERFIELD, MI 48047 ☒ Fund Raiser	Purpose: <u>PIZZA FUNDRAISER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/29/2022</u> Date	\$ <u>300.00</u>
Expenditure #3 Name YOUNIGUECARDS.COM INC Address 42816 WILLSHARON ST STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: <u>MAILINGS/POSTAGE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/29/2022</u> Date	\$ <u>786.08</u>
Expenditure #4 Name ANEDOT Address 5555 HILTON AVE BATON ROUGE, LA 70808 ☐ Fund Raiser	Purpose: <u>TRANSACTION FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/02/2022</u> Date	\$ <u>63.50</u>
Expenditure #5 Name GODADDY.COM Address 14455 N HAYDEN RD SCOTTSDALE, AZ 85260 ☐ Fund Raiser	Purpose: <u>DOMAIN RENEWAL</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/04/2022</u> Date	\$ <u>60.51</u>

Subtotal this page

1,360.09

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 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 GO DADDY.COM Address 14455 N HAYDEN RD SCOTTSDALE, AZ 85260 ☐ Fund Raiser	Purpose: <u>DOMAIN RENEWAL</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/07/2022</u> Date	\$ <u>20.17</u>
Expenditure #2 Name HORTOS ADVERTISING Address 6715 RIVER RD COTTREVILLE, MI 48039 ☐ Fund Raiser	Purpose: <u>ADVERTISING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/22/2022</u> Date	\$ <u>185.00</u>
Expenditure #3 Name MEMORY TIME, LLC Address 2280 CUMBERLAND RD ROCHESTER HILLS, MI 48307 ☐ Fund Raiser	Purpose: <u>CONSULTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/22/2022</u> Date	\$ <u>5,740.00</u>
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____

Subtotal this page **5,945.17**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **7,305.26**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

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: BRAD KERSTEN 53300 SHAWN DRIVE CHESTERFIELD, MI 48047	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/20/2021</u> 6. <u>Original Amount of Debt:</u> \$ <u>2,400.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>2,400.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by: BRAD KERSTEN 53300 SHAWN DRIVE CHESTERFIELD, MI 48047	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>03/18/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>3,600.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>3,600.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
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
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **6,000.00**

Grand Total of all Schedules 1E **6,000.00**
(Complete on last page of Schedule showing amounts owed by or to the committee)

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.

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 07/29/2022	4. Number of Individuals Attending or Participating (whichever is greater) 50	5. Type of Fund Raising Activity PIZZA DINNER	6. Address and Name (If any) of the place where the activity was held. SUGARBUSH TAVERN 27900 21 MILE RD CHESTERFIELD, MI 48047 ☐ Private Residence
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7. Total Contributions **1,800.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **1,800.00**
10. Total Cost of Event **300.00**
(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-IK), 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.