



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
30 AUG 2022 PM 10:42

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.

1. Committee I.D. Number 140178 2. Committee Name CTE LINDA BURNS TORP 5. Committee's Mailing Address 38870 RYAN COURT HARRISON TOWNSHIP, MI 48045 Area Code and Phone <u>(586) 899-1600</u> 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 38870 RYAN COURT HARRISON TOWNSHIP, MI 48045 Area Code and Phone <u>(586) 899-1600</u>		3. This Statement covers From: <u>07/18/2022</u> to <u>08/22/2022</u> 4. Candidate Last Name TORP First Name LINDA M.I. B 4a. Office Sought Including District # or Community Served (If applicable) 09 COUNTY COMMISSIONER, MACOMB COUNTY 4b. County of Residence MACOMB COUNTY 6. Treasurer's Name & Residential Address LINDA B TORP 38870 RYAN COURT HARRISON TOWNSHIP, MI 48045 Area Code & Phone <u>(586) 899-1600</u> 8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone <u>() -</u>	
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 <u>08/02/2022</u>		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		Submitted electronically, signature on file _____ Date <u>08/30/2022</u>	
Candidate _____ Type or Print Name		Submitted electronically, signature on file _____ Date <u>08/30/2022</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140178

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE LINDA BURNS TORP

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>3,685.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>3,685.00</u>	(18.) \$ <u>14,150.00</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>3,685.00</u>	(20.) \$ <u>14,150.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>1,852.88</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>1,773.48</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>0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1,773.48</u>	(23.) \$ <u>7,363.19</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>11,852.88</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>4,875.29</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>3,685.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>8,560.29</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1,773.48</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>6,786.81</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140178
2. Committee Name CTE LINDA BURNS TORP

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>07/18/2022</u>	
Name & Address: ROGER LONSWAY 41800 PRUNUM DR STERLING HEIGHTS, MI 48314		\$ <u>300.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/18/2022</u>	
Name & Address: STANLEY GROT 11927 HIAWATHA DR SHELBY TWP, MI 48315		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CLERK</u> Employer <u>CHARTER TOWNSHIP OF SHELBY SHELBY</u> Business Address <u>52700 VAN DYKE AVE, SHELBY TWP, MI 48316</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/18/2022</u>	
Name & Address: JOSEPH KOZAR 5101 MARTIN RD WARREN, MI 48092		\$ <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>07/18/2022</u>	
Name & Address: ALICIA ST GERMAINE 38252 MAST ST HARRISON TWP, MI 48045		\$ <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			

Page Subtotal 550.00

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

Enter this total on
line 3a of Summary
Page.



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3. Contribution # 1	PAC Receipt? ☒ YES	4. Date of Receipt <u>07/18/2022</u>	
Name & Address: HORNBERGER MAJORITY FUND PO BOX 864 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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/18/2022</u>	
Name & Address: ANNE HOWARD-CATALFIO 28784 COLERIDGE ST HARRISON TWP, MI 48045		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHARMACIST</u> Employer <u>HENRY FORD HOSPITAL - MACOMB</u> Business Address <u>15855 19 MILE 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>07/18/2022</u>	
Name & Address: KENNETH ROBERTS 760 TRINWAY RD TROY, MI 48085		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>GENVINE CONTRACTING</u> Business Address <u>3846 ROCHESTER RD, TROY, MI 48083</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/18/2022</u>	
Name & Address: JOYCE ARAGONA 15973 ARDMORE STREET CLINTON TOWNSHIP, MI 48038		\$ <u>80.00</u>	\$ <u>80.00</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 330.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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2. Committee Name CTE LINDA BURNS TORP

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/18/2022</u> Name & Address: JEANNE SCHABATH-LEWIS 11101 18 MILE RD STERLING HEIGHTS, MI 48313		\$ <u>75.00</u>	\$ <u>75.00</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>07/18/2022</u> Name & Address: CTE ROLA ZARIFE 32574 HEISNER AVE FRASER, MI 48026		\$ <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>07/18/2022</u> Name & Address: ROBERT MONTILLA 13848 WOODSETT CT SHELBY TWP, MI 48315		\$ <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>07/18/2022</u> Name & Address: PATRICIA PETRIE 38860 RYAN CT HARRISON TWP, MI 48045		\$ <u>100.00</u>	\$ <u>100.00</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			

Page Subtotal 275.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/18/2022</u>	
Name & Address: MAT DUNASKISS 535 CUSHING ST ORION TWP, MI 48362		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTING</u> Employer <u>DUNASKISS CONSULTING</u> Business Address <u>900 S LAPEER RD, MI 48371</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/18/2022</u>	
Name & Address: LYNN VONHATTAN 32430 COVENTRY PL WARREN, MI 48093		\$ <u>100.00</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>07/18/2022</u>	
Name & Address: CTE MICHELLE SMITH 11461 PEYTON DR STERLING HEIGHTS, MI 48312		\$ <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>07/18/2022</u>	
Name & Address: MOIKA RITTNER 850 TOWNSEND DR ALGONAC, MI 48001		\$ <u>40.00</u>	\$ <u>40.00</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 **340.00**

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/19/2022</u>	
Name & Address: SAM KASSAB 3910 COACHWOOD LN ROCHESTER HILLS, MI 48309		\$ <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>07/20/2022</u>	
Name & Address: AARON TUCKFIELD 47369 BEACON SQUARE DR MACOMB, MI 48044		\$ <u>40.00</u>	\$ <u>115.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS ANALYST</u> Employer <u>SELF EMPLOYED</u> Business Address <u>47369 BEACON SQUARE DR, MACOMB, MI 48044</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2022</u>	
Name & Address: MIKE GARVONIC 46830 GADWALL DR MACOMB, MI 48044		\$ <u>40.00</u>	\$ <u>40.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2022</u>	
Name & Address: JOSEPH DESCHRYVER 35310 EDEN PARK DR STERLING HEIGHTS, MI 48312		\$ <u>40.00</u>	\$ <u>40.00</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			

Page Subtotal 220.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2022</u>	
Name & Address: PAULA FILAR 133 GRIGGS ST ROCHESTER, MI 48307		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>SELF</u> Business Address <u>129 E UNIVERSITY DR, ROCHESTER, MI 48307</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2022</u>	
Name & Address: JENNIFER WALKER 56675 LONGHORN DR SHELBY TWP, MI 48316		\$ <u>120.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY DIRECTOR</u> Employer <u>MACOMB COUNTY</u> Business Address <u>120 N MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2022</u>	
Name & Address: KAREN CZERNEL 5400 BRIDGE TRAIL E COMMERCE TWP, MI 48382		\$ <u>40.00</u>	\$ <u>40.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2022</u>	
Name & Address: RHEYANA KARJO 45869 LONE PINE LN MACOMB, MI 48044		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COURT CLERK</u> Employer <u>MACOMB COUNTY</u> Business Address <u>40 N MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 240.00

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/20/2022</u> Name & Address: NANCY TISEO 16155 VISTA WOODS CT CLINTON TWP, MI 48038		\$ <u>40.00</u>	\$ <u>40.00</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>07/20/2022</u> Name & Address: MIKE MCCLAIN 69321 PINE RIVER DR BRUCE TWP, MI 48065		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL ADVISOR</u> Employer <u>HANTZ FINANCIAL SERVICES INC</u> Business Address <u>125 W LAFAYETTE ST, ROMEO, MI 48065</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/20/2022</u> Name & Address: MICHELLE TROSPER 45410 NOTTINGHAM DR MACOMB, MI 48044		\$ <u>100.00</u>	\$ <u>100.00</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/20/2022</u> Name & Address: ERIC CASTIGLIA 38602 ROUGEWOOD DR STERLING HEIGHTS, MI 48312		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHIEF GROWTH OFFICER</u> Employer <u>BAE NETWORKS</u> Business Address <u>1250 STEPHENSON HWY, TROY, MI 48083</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 490.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2022</u>	
Name & Address: BOB LITTLE 14625 SHIRLEY AVE WARREN, MI 48089		\$ <u>200.00</u>	\$ <u>200.00</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>07/20/2022</u>	
Name & Address: LISA VALERIO-NOWC 20761 MARVINDALE ST CLINTON TWP, MI 48035		\$ <u>40.00</u>	\$ <u>40.00</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>07/20/2022</u>	
Name & Address: MARYKAY SOGGE 38765 CHARTIER ST HARRISON TWP, MI 48045		\$ <u>40.00</u>	\$ <u>40.00</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>07/20/2022</u>	
Name & Address: MAX FELLSMAN 14612 ALPENA DR STERLING HEIGHTS, MI 48313		\$ <u>40.00</u>	\$ <u>40.00</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 320.00

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2. Committee Name CTE LINDA BURNS TORP

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>07/20/2022</u>	
Name & Address: JANICE NEARON 22601 LANGE ST ST CLAIR SHORES, MI 48080		\$ <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>07/20/2022</u>	
Name & Address: PHIL RODE 36092 AETNA CLINTON TOWNSHIP, MI 48035		\$ <u>30.00</u>	\$ <u>30.00</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>07/20/2022</u>	
Name & Address: SANDRA HAROUTUNIAN 35139 BOBCEAN RD CLINTON TWP, MI 48035		\$ <u>60.00</u>	\$ <u>60.00</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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2022</u>	
Name & Address: JUDY MOREAU 12758 DE COOK DR STERLING HEIGHTS, MI 48313		\$ <u>200.00</u>	\$ <u>200.00</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			

Page Subtotal **340.00**

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 140178
2. Committee Name CTE LINDA BURNS TORP

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>07/20/2022</u> Name & Address: KAREN CZERNEL 5400 BRIDGE TRAIL E COMMERCE TWP, MI 48382		\$ <u>100.00</u>	\$ <u>100.00</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>07/20/2022</u> Name & Address: MIKE GARVONIC 46830 GADWALL DR MACOMB, MI 48044		\$ <u>40.00</u>	\$ <u>40.00</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>07/25/2022</u> Name & Address: SANDRA HAROUTUNIAN 35139 BOBCEAN RD CLINTON TWP, MI 48035		\$ <u>40.00</u>	\$ <u>100.00</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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/25/2022</u> Name & Address: BARBARA TORRICE 22713 LAKESHORE DR ST CLAIR SHORES, MI 48080		\$ <u>80.00</u>	\$ <u>80.00</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 260.00

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 140178
2. Committee Name CTE LINDA BURNS TORP

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>07/25/2022</u>	
Name & Address: JEROME P. JR VANNESTE 45455 FOX LN E SHELBY TWP, MI 48317		\$ <u>40.00</u>	\$ <u>40.00</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>07/25/2022</u>	
Name & Address: MICHELLE LEAKE FIERIMONTE DR CLINTON TWP, MI 48035		\$ <u>40.00</u>	\$ <u>40.00</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>07/26/2022</u>	
Name & Address: LUCIDO FOR A BRIGHTER TOMORROW PAC 6303 26 MILE RD WASHINGTON, MI 48094		\$ <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>08/01/2022</u>	
Name & Address: PATRICIA PETRIE 38860 RYAN CT HARRISON TWP, MI 48045		\$ <u>140.00</u>	\$ <u>240.00</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			

Page Subtotal 320.00

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

3,685.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140178
2. Committee Name CTE LINDA BURNS TORP

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name TOTAL SPORTS Address 40501 PRODUCTION DR HARRISON TWP, MI 48045 ☒ Fund Raiser	Purpose: <u>FUNDRAISER FOOD</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/18/2022</u> Date	\$ <u>371.49</u>
Expenditure #2 Name YOUNIQUECARDS.COM INC Address 42816 WILLSHARON ST STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: <u>PRINTING & MAILING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/25/2022</u> Date	\$ <u>1,081.00</u>
Expenditure #3 Name GO DADDY Address 2155 E GODADDY WAY TEMPE, AZ 85284 ☐ Fund Raiser	Purpose: <u>WEBSITE HOSTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/08/2022</u> Date	\$ <u>20.99</u>
Expenditure #4 Name KATHY VOSBURG Address 47395 SUGARBUSH RD CHESTERFIELD, MI 48047 ☐ Fund Raiser	Purpose: <u>CONSULTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/15/2022</u> Date	\$ <u>300.00</u>
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 **1,773.48**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **1,773.48**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140178
2. Committee Name CTE LINDA BURNS TORP

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: LINDA BURNS TORP 38870 RYAN CT HARRISON TWP, MI 48045	4. Type: <u>IN KIND PURCHASE</u> 5. <u>Date Debt Was Incurred:</u> <u>05/09/2022</u> 6. <u>Original Amount of Debt:</u> <u>\$ 45.04</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 45.04</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by: LINDA BURNS TORP 38870 RYAN CT HARRISON TWP, MI 48045	4. Type: <u>CASH</u> 5. <u>Date Debt Was Incurred:</u> <u>05/31/2022</u> 6. <u>Original Amount of Debt:</u> <u>\$ 5,000.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 5,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? ☐ Yes Owed to or by: LINDA BURNS TORP 38870 RYAN CT HARRISON TWP, MI 48045	4. Type: <u>IN KIND PURCHASE</u> 5. <u>Date Debt Was Incurred:</u> <u>06/05/2022</u> 6. <u>Original Amount of Debt:</u> <u>\$ 180.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 180.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

5,225.04

Grand Total of all Schedules 1E
(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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140178
2. Committee Name CTE LINDA BURNS TORP

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: LINDA BURNS TORP 38870 RYAN CT HARRISON TWP, MI 48045	4. Type: <u>IN KIND PURCHASE</u> 5. <u>Date Debt Was Incurred:</u> <u>06/14/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>397.50</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>397.50</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by: LINDA BURNS TORP 38870 RYAN CT HARRISON TWP, MI 48045	4. Type: <u>IN KIND PURCHASE</u> 5. <u>Date Debt Was Incurred:</u> <u>06/14/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>290.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>290.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? ☐ Yes Owed to or by: LINDA BURNS TORP 38870 RYAN CT HARRISON TWP, MI 48045	4. Type: <u>IN KIND PURCHASE</u> 5. <u>Date Debt Was Incurred:</u> <u>06/16/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>20.23</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>20.23</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

707.73

Grand Total of all Schedules 1E
(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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140178
2. Committee Name CTE LINDA BURNS TORP

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: LINDA BURNS TORP 38870 RYAN CT HARRISON TWP, MI 48045	4. Type: <u>IN KIND PURCHASE</u> 5. <u>Date Debt Was Incurred:</u> <u>06/20/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>75.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>75.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by: LINDA BURNS TORP 38870 RYAN CT HARRISON TWP, MI 48045	4. Type: <u>IN KIND PURCHASE</u> 5. <u>Date Debt Was Incurred:</u> <u>06/23/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>290.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>290.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? ☐ Yes Owed to or by: LINDA BURNS TORP 38870 RYAN CT HARRISON TWP, MI 48045	4. Type: <u>IN KIND PURCHASE</u> 5. <u>Date Debt Was Incurred:</u> <u>06/28/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>500.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>500.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

865.00

Grand Total of all Schedules 1E
(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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140178
2. Committee Name CTE LINDA BURNS TORP

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: LINDA BURNS TORP 38870 RYAN CT HARRISON TWP, MI 48045	4. Type: <u>IN KIND CONTRIUTION</u> 5. <u>Date Debt Was Incurred:</u> <u>07/13/2022</u> 6. <u>Original Amount of Debt:</u> <u>\$ 19.08</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>19.08</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: LINDA BURNS TORP 38870 RYAN CT HARRISON TWP, MI 48045	4. Type: <u>IN KIND CONTRIBUTION</u> 5. <u>Date Debt Was Incurred:</u> <u>07/15/2022</u> 6. <u>Original Amount of Debt:</u> <u>\$ 36.03</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>36.03</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: LINDA BURNS TORP 38870 RYAN CT HARRISON TWP, MI 48045	4. Type: <u>CASH</u> 5. <u>Date Debt Was Incurred:</u> <u>07/15/2022</u> 6. <u>Original Amount of Debt:</u> <u>\$ 5,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>5,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

5,055.11

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

11,852.88

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 **140178**
2. Committee Name **CTE LINDA BURNS TORP**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 07/18/2022	4. Number of Individuals Attending or Participating (whichever is greater) 45	5. Type of Fund Raising Activity RECEPTION	6. Address and Name (If any) of the place where the activity was held. TOTAL SPORTS 40501 PRODUCTION DR HARRISON TWP, MI 48045 ☐ Private Residence
---	---	--	---

7. Total Contributions **3,725.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **3,725.00**
10. Total Cost of Event **571.49**
(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.