



FILED

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MACOMB COUNTY CLERK
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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: 04/18/2022 to 07/17/2022

1. Committee I.D. Number

140142

4. Candidate Last Name First Name M.I.

CAUMARTIN DONNA

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

11 COUNTY COMMISSIONER, MACOMB COUNTY

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

2. Committee Name

CTE DONNA KACZOR CAUMARTIN

5. Committee's Mailing Address

**11239 TARA DRIVE
WARREN, MI 48093**

6. Treasurer's Name & Residential Address

**DONNA CAUMARTIN
11239 TARA DRIVE
WARREN, MI 48093**

Area Code and Phone (586) 243-9812
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) 243-9812

7. Treasurer's Business Address

**11239 TARA DRIVE
WARREN, MI 48093**

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

**AMARPREET KHABRA
17001 19 MILE ROAD
CLINTON TOWNSHIP, MI 48038**

Area Code and Phone (586) 243-9812

Area Code and Phone (586) 804-4444

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

07/22/2022

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/22/2022



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140142

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE DONNA KACZOR CAUMARTIN

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>11,765.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>11,765.00</u>	(18.) \$ <u>11,765.00</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>11,765.00</u>	(20.) \$ <u>11,765.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>7,658.88</u>	(21.) \$ <u>7,658.88</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>2,696.58</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>2,696.58</u>	(23.) \$ <u>2,696.58</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>0.00</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>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>11,765.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>11,765.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2,696.58</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>9,068.42</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140142
2. Committee Name CTE DONNA KACZOR CAUMARTIN

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>04/20/2022</u> Name & Address: DONNA CAUMARTIN 11239 TARA DR WARREN, MI 48093		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>BERKSHIRE HATHWAY REAL LIVING KEE</u> Business Address <u>15501 METRO PARKWAY, SUITE 105, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/26/2022</u> Name & Address: ALAN CASMERE 28836 PANANA ST WARREN, MI 48092		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>FRIENDLY OUTDOOR STORAGE</u> Business Address <u>33400 MAPLE LN DR, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/08/2022</u> Name & Address: FRED BEGHDADI 14091 E EIGHT MILE WARREN, MI 48089		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>FRED'S UNIQUE FURNITURE</u> Business Address <u>14091 8 MILE RD, WARREN, MI 48089</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/08/2022</u> Name & Address: ROSEANNA BIONDO 2281 SANDLEWOOD WAY SHELBY TOWNSHIP, MI 48316		\$ <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			

Page Subtotal 775.00

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 140142
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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>06/08/2022</u>	
Name & Address: CAREN BURDI 27299 BRADNER DR WARREN, MI 48093		\$ <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>06/08/2022</u>	
Name & Address: JANET CORDERO 7400 DREXLER RD ST CLAIR, MI 48079		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LOAN OFFICER</u> Employer <u>MORTGAGE 1 INC</u> Business Address <u>15501 METRO PARKWAY, CLINTON TWP, MI 48036</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/08/2022</u>	
Name & Address: JAMES CUMMINS 22102 EDGEWOOD ST ST CLAIR SHORES, MI 48080		\$ <u>450.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDING DIRECTOR</u> Employer <u>CITY OF WARREN</u> Business Address <u>CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/08/2022</u>	
Name & Address: GEORGE DIMAS 11166 OLIVE ST WARREN, MI 48093		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HUMAN RESOURCES</u> Employer <u>CITY OF WARREN</u> Business Address <u>CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **825.00**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/08/2022</u>	
Name & Address: PAUL DOPPKE 21646 ERBEN ST ST CLAIR SHORES, MI 48081		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>LANDSCAPE SERVICES INC</u> Business Address <u>22932 RASCH DR, CLINTON TWP, MI 48035</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/08/2022</u>	
Name & Address: LUIGI FERDINANDI 16481 COMMON RD ROSEVILLE, MI 48066		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>LUIGI FERDINANDI & SON CEMENT CO</u> Business Address <u>16481 COMMON RD, ROSEVILLE, MI 48066</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/08/2022</u>	
Name & Address: TONY GALLO 6303 26 MILE RD WASHINGTON, MI 48094		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>GALLO COMPANIES</u> Business Address <u>6303 26 MILE RD, WASHINGTON, MI 48094</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/08/2022</u>	
Name & Address: SUSAN GRUNALT 11242 MARTHA DR WARREN, MI 48093		\$ <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			

Page Subtotal **825.00**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/08/2022</u>	
Name & Address: NEMER HADDAD 5520 HAMPSHIRE DR WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>NNDJ INC</u> Business Address <u>43270 W 11 MILE RD, NOVI, MI 48375</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/08/2022</u>	
Name & Address: JOHN JOHNSON 58337 THOMAS DR NEW HAVEN, MI 48048		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>SOUTHEAST MICHIGAN CHAMBER OF COMMERCE</u> Business Address <u>CITY SQUARE, WARREN, MI 48093</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/08/2022</u>	
Name & Address: NICKLAS LAVDAS 6700 BORDMAN RD BRUCE TOWNSHIP, MI 48065		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>LAVDAS LIMOUSINES</u> Business Address <u>28880 LORNA AVE, WARREN, MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/08/2022</u>	
Name & Address: JOHN MATTIOLI 6241 MC GUIRE RD FENTON, MI 48430		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>MATTIOLI CEMENT</u> Business Address <u>6085 MC GUIRE RD, FENTON, MI 48430</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,375.00**

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/08/2022</u>	
Name & Address: JACOB MATYAS 36325 PINTO DR WARREN, MI 48093		\$ <u>135.00</u>	\$ <u>135.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHOTOGRAPHER</u> Employer <u>NJ PHOTOGRAPHY</u> Business Address <u>36325 PINTO DR, WARREN, MI 48093</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/08/2022</u>	
Name & Address: JACOB MEESSEMAN 7581 DYKE RD IRA TOWNSHIP, MI 48023		\$ <u>450.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BROKER</u> Employer <u>BERKSHIRE HATHAWAY HOME SERVICES KEE REALTY</u> Business Address <u>15501 METRO PARKWAY, CLINTON TWP, MI 48036</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/08/2022</u>	
Name & Address: DENNIS MORIER 12861 WARD ST SOUTHGATE, MI 48195		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>RESULTS MARKETING INC</u> Business Address <u>601 ABBOTT ST, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/08/2022</u>	
Name & Address: BRYAN O'NEILL 32557 SABRINA CT WARREN, MI 48093		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OCCUPATIONAL THERAPIST</u> Employer <u>BEAUMONT HEALTH SYSTEM</u> Business Address <u>3601 W 13 MILE RD, ROYAL OAK, MI 48073</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 910.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/08/2022</u>	
Name & Address: EUGENIA PALMER 11295 TARA DR WARREN, MI 48093		\$ <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>06/08/2022</u>	
Name & Address: SHANNON PRICE 28470 W 13 MILE RD FARMINGTON HILLS, MI 48334		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>CAPITAL RELATIONS</u> Business Address <u>28470 W 13 MILE RD, FARMINGTON HILLS, MI 48334</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/08/2022</u>	
Name & Address: KATHERINE REIS 32570 SABRINA CT WARREN, MI 48093		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/08/2022</u>	
Name & Address: HANK RIBERAS 4607 BARCROFT WAY STERLING HEIGHTS, MI 48310		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF REAL ESTATE BUSINESS DEVELOPMENT</u> Employer <u>RONCELLI, INC</u> Business Address <u>6471 METRO PARKWAY, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **475.00**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/08/2022</u>	
Name & Address: CECIL ST. PIERRE 32595 SABRINA CT WARREN, MI 48093		\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LAWYER</u> Employer <u>BOYER LAW GROUP</u> Business Address <u>43805 VAN DYKE AVE, SUITE A, STERLING HEIGHTS, MI 48314</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/08/2022</u>	
Name & Address: GARY URBANCZYK 32533 SABRINA CT WARREN, MI 48093		\$ <u>125.00</u>	\$ <u>125.00</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>06/08/2022</u>	
Name & Address: PETE VITALI 14811 E 9 MILE RD EASTPOINTE, MI 48021		\$ <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>06/08/2022</u>	
Name & Address: KATHY MOORE		\$ <u>60.00</u>	\$ <u>60.00</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 410.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/08/2022</u>	
Name & Address: LISA BOIK		\$ <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>06/08/2022</u>	
Name & Address: JOAN FLYNN		\$ <u>20.00</u>	\$ <u>20.00</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>06/16/2022</u>	
Name & Address: KENNETH DALPRA 3606 WINTERFIELD DR 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>07/06/2022</u>	
Name & Address: MICHIGAN REGIONAL COUNCIL OF CARPENTERS PAC 11687 AMERICAN AVE SUITE 200 DETROIT, MI 48204		\$ <u>5,000.00</u>	\$ <u>5,000.00</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 **5,170.00**

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 140142
2. Committee Name CTE DONNA KACZOR CAUMARTIN

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>07/13/2022</u> Name & Address: REALTORS POLITICAL ACTION COMMITTEE OF MICHIGAN 720 N WASHINGTON AVE LANSING, MI 48906		\$ <u>1,000.00</u>	\$ <u>1,000.00</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 _____ 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 # 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

1,000.00

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

11,765.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 140142
2. Committee Name CTE DONNA KACZOR CAUMARTIN

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: DONNA CAUMARTIN 11239 TARA DR WARREN, MI 48093 If over \$100.00 cumulative, please provide: Occupation: REALTOR Employer Name & Business Address: BERKSHIRE HATHWAY REAL LIVING KEE 15501 METRO PARKWAY, SUITE 105, CLINTON TWP, MI 48036 ☐ 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>CONTRIBUTION IN SUPPORT OF POLITICAL PARTY</u> 5. Date Of Receipt: <u>05/02/2022</u> 6. Vendor Name & Address: MICHIGAN DEMOCRATIC PARTY - FEDERAL ACCOUNT 606 TOWNSEND ST, LANSING, MI 48933	\$ <u>150.00</u>	\$ <u>150.00</u>
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: DONNA CAUMARTIN 11239 TARA DR WARREN, MI 48093 If over \$100.00 cumulative, please provide: Occupation: REALTOR Employer Name & Address: BERKSHIRE HATHWAY REAL LIVING KEE 15501 METRO PARKWAY, SUITE 105, CLINTON TWP, MI 48036 ☐ 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>FUNDRAISER TICKET DESIGN</u> 5. Date Of Receipt: <u>05/20/2022</u> 6. Vendor Name & Address: BLUE FISH CREATIVE 32350 PARKER CIR, WARREN, MI 48088	\$ <u>598.00</u>	\$ <u>748.00</u>
Contribution #3 PAC Receipt? ☐ Yes Name & Address: DONNA CAUMARTIN 11239 TARA DR WARREN, MI 48093 If over \$100.00 cumulative, please provide: Occupation: REALTOR Employer Name & Address: BERKSHIRE HATHWAY REAL LIVING KEE 15501 METRO PARKWAY, SUITE 105, CLINTON TWP, MI 48036 ☐ 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>POSTCARD ADS</u> 5. Date Of Receipt: <u>05/27/2022</u> 6. Vendor Name & Address: BLUE FISH CREATIVE 32350 PARKER CIR, WARREN, MI 48088	\$ <u>706.00</u>	\$ <u>1,454.00</u>

Page Subtotal **1,454.00** **0.00**

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

1. Committee I. D. Number **140142**

CANDIDATE COMMITTEE

2. Committee Name **CTE DONNA KACZOR CAUMARTIN**

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: DONNA CAUMARTIN 11239 TARA DR WARREN, MI 48093 If over \$100.00 cumulative, please provide: Occupation: REALTOR Employer Name & Business Address: BERKSHIRE HATHWAY REAL LIVING KEE 15501 METRO PARKWAY, SUITE 105, CLINTON TWP, MI 48036 ☐ 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 CAMPAIGN SIGNS 5. Date Of Receipt: 06/07/2022 6. Vendor Name & Address: SAWICKI & SON 1521 W LAFAYETTE BLVD, DETROIT, MI 48216	\$ 1,566.95	\$ 3,020.95
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: DONNA CAUMARTIN 11239 TARA DR WARREN, MI 48093 If over \$100.00 cumulative, please provide: Occupation: REALTOR Employer Name & Address: BERKSHIRE HATHWAY REAL LIVING KEE 15501 METRO PARKWAY, SUITE 105, CLINTON TWP, MI 48036 ☐ 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 FUNDRAISER LOCATION AND AMENITIES 5. Date Of Receipt: 06/08/2022 6. Vendor Name & Address: THE GAZEBO 31104 MOUND RD, WARREN, MI 48092	\$ 1,250.00	\$ 4,270.95
Contribution #3 PAC Receipt? ☐ Yes Name & Address: DONNA CAUMARTIN 11239 TARA DR WARREN, MI 48093 If over \$100.00 cumulative, please provide: Occupation: REALTOR Employer Name & Address: BERKSHIRE HATHWAY REAL LIVING KEE 15501 METRO PARKWAY, SUITE 105, CLINTON TWP, MI 48036 ☐ 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 CAMPAIGN ADVERTISING MATERIALS AND DESIGNS 5. Date Of Receipt: 06/22/2022 6. Vendor Name & Address: COMMERCIAL GRAPHICS 42704 MOUND RD, STERLING HEIGHTS, MI 48314	\$ 369.69	\$ 4,640.64

Page Subtotal **3,186.64** **0.00**

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 **140142**

2. Committee Name **CTE DONNA KACZOR CAUMARTIN**

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: DONNA CAUMARTIN 11239 TARA DR WARREN, MI 48093 If over \$100.00 cumulative, please provide: Occupation: REALTOR Employer Name & Business Address: BERKSHIRE HATHWAY REAL LIVING KEE 15501 METRO PARKWAY, SUITE 105, CLINTON TWP, MI 48036 ☐ 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 MAILED ADVERTISEMENTS 5. Date Of Receipt: 06/27/2022 6. Vendor Name & Address: GRAPHICS EAST INC 16005 STURGEON ST, ROSEVILLE, MI 48066	\$ 3,018.24	\$ 7,658.88
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ 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 5. Date Of Receipt: 6. Vendor Name & Address:	\$ \$	
Click Here for Memo Itemization			
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ 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 5. Date Of Receipt: 6. Vendor Name & Address:	\$ \$	
Click Here for Memo Itemization			

Page Subtotal **3,018.24** **7,658.88**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **7,658.88**

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140142**
2. Committee Name **CTE DONNA KACZOR CAUMARTIN**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name BLUE FISH CREATIVE Address 32350 PARKER CIR WARREN, MI 48088 ☐ Fund Raiser	Purpose: MAILED ADVERTISING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/21/2022 Date	\$ 2,343.00
Expenditure #2 Name COMMERCIAL GRAPHICS INC Address 42704 MOUND ROAD STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: FLYER ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/21/2022 Date	\$ 148.16
Expenditure #3 Name GOING, GOING, GONE! Address 45230 NORTHPOINTE BLVD UTICA, MI 48315 ☐ Fund Raiser	Purpose: CAMPAIGN SHIRTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/16/2022 Date	\$ 89.94
Expenditure #4 Name DONNA CAUMARTIN Address 11239 TARA DR WARREN, MI 48093 ☐ Fund Raiser	Purpose: LOAN PAYMENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/16/2022 Date	\$ 115.48
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 **2,696.58**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **2,696.58**

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on line 8a of
Summary Page



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **140142**
2. Committee Name **CTE DONNA KACZOR CAUMARTIN**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 06/08/2022	4. Number of Individuals Attending or Participating (whichever is greater) 50	5. Type of Fund Raising Activity SOLD TICKETS TO FUNDRAISER EVENT	6. Address and Name (If any) of the place where the activity was held. THE GAZEBO 31104 MOUND RD WARREN, MI 48092 ☐ Private Residence
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7. Total Contributions **5,140.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **5,140.00**
10. Total Cost of Event **1,848.00**
(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.