



FILED

31 AUG 2022 AM 11:33

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

1. Committee I.D. Number

140170

4. Candidate Last Name First Name M.I.

FROST CLIFFORD J

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 CLIFF FROST

5. Committee's Mailing Address

**2629 IRMA STREET
WARREN, MI 48092**

6. Treasurer's Name & Residential Address

**CLIFFORD J FROST
2629 IRMA STREET
WARREN, MI 48092**

Area Code and Phone (586) 344-5284
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) 344-5284

7. Treasurer's Business Address

**2629 IRMA STREET
WARREN, MI 48092**

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

**CLIFFORD J FROST
2629 IRMA STREET
WARREN, MI 48092**

Area Code and Phone (586) 344-5284

Area Code and Phone (586) 344-5284

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

08/31/2022

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

08/31/2022



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140170

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE CLIFF FROST

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2,055.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2,055.00</u>	(18.) \$ <u>6,346.47</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>2,055.00</u>	(20.) \$ <u>6,346.47</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>300.00</u>	(21.) \$ <u>300.00</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>0.00</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>0.00</u>	(23.) \$ <u>4,149.54</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>4,291.47</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>141.93</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2,055.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2,196.93</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>0.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2,196.93</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140170
2. Committee Name CTE CLIFF FROST

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: GREG CHILDS 30247 LUND AVE WARREN, MI 48093		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MACOMB COMMUNITY SERVICE MANAGER</u> Employer <u>MACOMB COUNTY PUBLIC WORKS</u> Business Address <u>21777 DUNHAM RD, 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>07/20/2022</u> Name & Address: SANDRA STRNAD 4506 MARKET SQUARE FLINT, MI 48506		\$ <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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/20/2022</u> Name & Address: JOHN D VASOS NORWICH CIR WASHINGTON TWP, MI 48095		\$ <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: ANNA MEKOSKI 13232 TOWERING OAKS DR SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TECHNICAL ASSISTANT</u> Employer <u>OAKLAND COUNTY</u> Business Address <u>1200 N TELEGRAPH, PONTIAC, MI 48341</u> 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.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140170
2. Committee Name CTE CLIFF FROST

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: CURT J HOOPER 32610 COLUMBUS DR WARREN, MI 48088		\$ <u>150.00</u>	\$ <u>150.00</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: SHARON BAUMANN 54179 KATHERINE WOOD DR MACOMB, MI 48042		\$ <u>25.00</u>	\$ <u>25.00</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>07/20/2022</u> Name & Address: EDWARD KABACINSKI 8679 HUDSON AVE WARREN, MI 48089		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>WARREN CITY COUNCILMAN</u> Employer <u>CITY OF WARREN</u> Business Address <u>5460 ARDEN 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>07/20/2022</u> Name & Address: DONNA SHURISH 8117 BELLARINE DR SHELBY TWP, MI 48316		\$ <u>50.00</u>	\$ <u>50.00</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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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140170
2. Committee Name CTE CLIFF FROST

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: ANNA FORD 15521 GRAINGER DR CLINTON TWP, MI 48038		\$ <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: DARLENE DOETZEL 7111 DUR MOLL AVE SHELBY TWP, MI 48317		\$ <u>50.00</u>	\$ <u>50.00</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>07/20/2022</u>	
Name & Address: KEN PITERA 19747 DRIFTWOOD DR CLINTON TWP, MI 48038		\$ <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: CHRIS HURD 67895 CAMPGROUND RD WASHINGTON, MI 48095		\$ <u>50.00</u>	\$ <u>50.00</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 300.00

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140170
2. Committee Name CTE CLIFF FROST

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: LENORE KUREK 69504 SAXON DR BRUCE TWP, MI 48065		\$ <u>50.00</u>	\$ <u>50.00</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: MARK FORTON 48143 MALLARD DR NEW BALTIMORE, MI 48047		\$ <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>07/20/2022</u> Name & Address: GJERJ GKOKAJ 13958 PHEASANT DR SHELBY TWP, MI 48315		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>PRIMARY INSURANCE AGENCY</u> Business Address <u>20751 15 MILE RD, STERLING HEIGHTS, MI 48312</u> 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: JOHN VERMEULEN 5514 WOODMIRE DR SHELBY TWP, MI 48316		\$ <u>50.00</u>	\$ <u>50.00</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 **240.00**

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140170
2. Committee Name CTE CLIFF FROST

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2022</u>	
Name & Address: LARRY ROCCA 38299 MORAVIAN DR CLINTON TWP, MI 48036		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MACOMB COUNTY TREASURER</u> Employer <u>MACOMB COUNTY</u> Business Address <u>15 S MAIN 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>07/20/2022</u>	
Name & Address: PAUL JERZY 31408 PINTO DR WARREN, MI 48093		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FACILITY COORDINATOR</u> Employer <u>THE PARADE COMPANY</u> Business Address <u>9500 MT ELLIOTT ST, DETROIT, MI 48211</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: TONY MARCINKEWICZ 47274 BRENNAN DR MACOMB, MI 48044		\$ <u>50.00</u>	\$ <u>50.00</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: DAWN BEATTIE 22395 HAYES AVE EASTPOINTE, MI 48021		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MEMBERSHIP SPECIALIST</u> Employer <u>DELTA DEFENSE</u> Business Address <u>1000 FREEDOM WY, WEST BEND, WI 53095</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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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140170
2. Committee Name CTE CLIFF FROST

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: WILLIAM KRAMER 4644 KENSINGTON DR WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>AUTOMOTIVE SPECIALIST</u> Employer <u>KRAMER AUTOBODY</u> Business Address <u>1658 E 9 MILE RD, HAZEL PARK, MI 48030</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: BRIAN OPRE 45722 KENMORE ST SHELBY TWP, MI 48317		\$ <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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/20/2022</u>	
Name & Address: MARIO BERNARD 25000 WOOD ST ST CLAIR SHORES, MI 48080		\$ <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: FRED NIENSTEDT 41362 JUSTIN DR CLINTON TWP, MI 48038		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DESIGNER</u> Employer <u>HERCULES MACHINE TOOL & DIE</u> Business Address <u>13920 E 10 MILE RD, WARREN, MI 48089</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 250.00

Grand Total of All Schedules 1A
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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140170
2. Committee Name CTE CLIFF FROST

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: MICHAEL LITTFIN P.O. BOX 1435 GRAND MARIAS, MN 55604		\$ <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 _____	
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 # 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 **200.00**

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

2,055.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 140170
2. Committee Name CTE CLIFF FROST

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: ROBERT SCHNEIDER 3843 HILLSIDE CT ROYAL OAK, MI 48073 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Business Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☒ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description MUSIC ENTERTAINMENT 5. Date Of Receipt: 07/20/2022 6. Vendor Name & Address: MUSIC MESSENGERS	\$ 300.00	\$ 300.00
☐ Fund Raiser Contribution			
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$ \$	\$
☐ Fund Raiser Contribution			
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$ \$	\$
☐ Fund Raiser Contribution			

[Click Here for Memo Itemization](#)

[Click Here for Memo Itemization](#)

Page Subtotal

300.00

300.00

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

300.00

Enter this total
on line 6 of Summary
Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140170
2. Committee Name CTE CLIFF FROST

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: CLIFFORD J FROST 2629 IRMA STREET WARREN, MI 48092	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>04/19/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>100.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>100.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by: SHARON R FROST 2629 IRMA ST. WARREN, MI 48092	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>04/29/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>400.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>400.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? ☐ Yes Owed to or by: CLIFFORD J FROST 2629 IRMA STREET WARREN, MI 48092	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>04/30/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>50.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>50.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

550.00

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

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

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140170
2. Committee Name CTE CLIFF FROST

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: CLIFFORD J FROST 2629 IRMA STREET WARREN, MI 48092	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>04/30/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>50.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>50.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: SHARON R FROST 2629 IRMA ST. WARREN, MI 48092	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/09/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>1,500.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,500.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: CLIFFORD J FROST 2629 IRMA STREET WARREN, MI 48092	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/21/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>36.96</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>36.96</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1,586.96

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

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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 140170
2. Committee Name CTE CLIFF FROST

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: CLIFFORD J FROST 2629 IRMA STREET WARREN, MI 48092	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/02/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>20.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>20.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: SHARON R FROST 2629 IRMA ST. WARREN, MI 48092	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/03/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>1,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: SHARON R FROST 2629 IRMA ST. WARREN, MI 48092	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/12/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>300.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>300.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1,320.00

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

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

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DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140170
2. Committee Name CTE CLIFF FROST

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: SHARON R FROST 2629 IRMA ST. WARREN, MI 48092	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/26/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>33.40</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>33.40</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: SHARON R FROST 2629 IRMA ST. WARREN, MI 48092	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/26/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>2.11</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>2.11</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: SHARON R FROST 2629 IRMA ST. WARREN, MI 48092	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/28/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>799.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>799.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

834.51

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

4,291.47

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

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **140170**
2. Committee Name **CTE CLIFF FROST**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 07/20/2022	4. Number of Individuals Attending or Participating (whichever is greater) 33	5. Type of Fund Raising Activity MEET AND GREET	6. Address and Name (If any) of the place where the activity was held. GAZEBO 31104 MOUND RD WARREN, MI 48092 ☐ Private Residence
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7. Total Contributions **2,055.00**
8. Other Receipts **300.00**
9. Gross Receipts (Add lines 7 and 8) **2,355.00**
10. Total Cost of Event **2,120.11**
(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.