



FILED

28 OCT 2022 AM 07:10

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.

1. Committee I.D. Number 140233 2. Committee Name CTE JOHN WASILINA 5. Committee's Mailing Address 48746 STONEFIELD MACOMB TOWNSHIP, MI 48044 Area Code and Phone <u>(586) 872-5552</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 48746 STONEFIELD MACOMB TOWNSHIP, MI 48044 Area Code and Phone <u>(586) 871-1142</u>		3. This Statement covers From: <u>07/25/2022</u> to <u>10/23/2022</u> 4. Candidate Last Name WASILINA First Name JOHN M.I. M 4a. Office Sought Including District # or Community Served (If applicable) TRUSTEE, CHIPPEWA VALLEY SD 4b. County of Residence MACOMB COUNTY 6. Treasurer's Name & Residential Address DARLENE WASILINA 48746 STONEFIELD MACOMB TOWNSHIP, MI 48044 Area Code & Phone <u>(586) 871-1142</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>11/08/2022</u>		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.)	
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>10/28/2022</u>	
Candidate _____ Type or Print Name		Submitted electronically, signature on file _____ Date <u>10/28/2022</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140233

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE JOHN WASILINA

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>3,750.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>3,750.00</u>	(18.) \$ <u>3,750.00</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>3,750.00</u>	(20.) \$ <u>3,750.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>2,936.94</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>2,936.94</u>	(23.) \$ <u>2,936.94</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>3,750.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>3,750.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2,936.94</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>813.06</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140233
2. Committee Name CTE JOHN WASILINA

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>07/26/2022</u> Name & Address: JOHN M WASILINA 48746 STONEFIELD MACOMB TWP, MI 48044		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSTRUCTOR</u> Employer <u>BUTOKU KARATE DOJO</u> Business Address <u>48884 ROMEO PLANK RD, MACOMB, MI 48044</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/06/2022</u> Name & Address: JOHN M WASILINA 48746 STONEFIELD Macomb, MI 48044		\$ <u>750.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSTRUCTOR</u> Employer <u>BUTOKU KARATE DOJO</u> Business Address <u>48884 ROMEO PLANK RD, 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>08/22/2022</u> Name & Address: ROBERT KLINGER 49736 BECHER DR W MACOMB, MI 48044		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GENERAL MANAGER</u> Employer <u>AM SPECIALTIES INC</u> Business Address <u>5985 WALL ST, 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>09/06/2022</u> Name & Address: JOHN M WASILINA 48746 STONEFIELD MACOMB TWP, MI 48044		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSTRUCTOR</u> Employer <u>BUTOKU KARATE DOJO</u> Business Address <u>48884 ROMEO PLANK RD, MACOMB, MI 48044</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **3,750.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule) **3,750.00**

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140233**
2. Committee Name **CTE JOHN WASILINA**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CAMPAIGN PARTNERS Address 1775 TYSONS BLVD MCLEAN, VA 22102 ☐ Fund Raiser	Purpose: WEBSITE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/03/2022 Date	\$ 29.00
Expenditure #2 Name VISTAPRINT Address 275 WYMAN ST WALTHAM, MA 02451 ☐ Fund Raiser	Purpose: YARD SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/16/2022 Date	\$ 403.51
Expenditure #3 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: YARD SIGN STAKES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/24/2022 Date	\$ 79.50
Expenditure #4 Name VISTAPRINT Address 275 WYMAN ST WALTHAM, MA 02451 ☐ Fund Raiser	Purpose: LITERATURE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/26/2022 Date	\$ 118.60
Expenditure #5 Name WILD BILL AND ASSOCIATES Address 40207 MORAVIAN DR CLINTON TWP, MI 48036 ☐ Fund Raiser	Purpose: SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/31/2022 Date	\$ 125.00

Subtotal this page **755.61**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140233**
2. Committee Name **CTE JOHN WASILINA**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CAMPAIGN PARTNERS Address 1775 TYSONS BLVD MCLEAN, VA 22102 ☐ Fund Raiser	Purpose: WEBSITE SERVICE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/02/2022 Date	\$ 29.00
Expenditure #2 Name WILD BILL AND ASSOCIATES Address 40207 MORAVIAN DR CLINTON TWP, MI 48036 ☐ Fund Raiser	Purpose: SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/06/2022 Date	\$ 325.00
Expenditure #3 Name LAMAR INDUSTRIES Address 154 LURAY AVE NW GRAND RAPIDS, MI 49504 ☐ Fund Raiser	Purpose: ELECTRONIC BILLBOARD ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/06/2022 Date	\$ 775.00
Expenditure #4 Name MENARDS Address 4777 MENARD DR EAU CLAIRE, WI 54703 ☐ Fund Raiser	Purpose: SIGN STAKES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/08/2022 Date	\$ 116.49
Expenditure #5 Name VISTAPRINT Address 275 WYMAN ST WALTHAM, MA 02451 ☐ Fund Raiser	Purpose: SIGNS LITERATURE TSHIRTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/10/2022 Date	\$ 655.34

Subtotal this page **1,900.83**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140233
2. Committee Name CTE JOHN WASILINA

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: <u>YARD SIGN STAKES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/10/2022</u> Date	\$ <u>79.50</u>
Expenditure #2 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: <u>GIFT BAGS AND CANDY</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/29/2022</u> Date	\$ <u>137.50</u>
Expenditure #3 Name YOUNIQUECARDS.COM Address 42816 WILLSHARON ST STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: <u>LITURATURE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/06/2022</u> Date	\$ <u>63.50</u>
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **280.50**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **2,936.94**

Enter this total
on line 8a of
Summary Page