

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONSCANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

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: <u>8/2/22</u> to <u>10/21/22</u>	
4. Candidate Last Name <u>Pietron</u>	First Name <u>Jamie</u>
M.I. <u>L</u>	
4a. Office Sought Including District # or Community Served (If applicable) <u>Fraser School Board - 6 year term</u>	
4b. County of Residence <u>Macomb</u>	
6. Treasurer's Name & Residential Address <u>Jamie Pietron</u> <u>35309 Phillip Judson</u> <u>Clinton Twp, MI 48035</u> Area Code & Phone <u>586-489-1987</u>	
8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) <u>Jamie Pietron</u> <u>35309 Phillip Judson</u> <u>Clinton Twp, MI 48035</u> Area Code and Phone <u>586-489-1987</u>	

1. Committee I.D. Number <u>140202</u>
2. Committee Name <u>CTE Jamie Pietron</u>
5. Committee's Mailing Address <u>35309 Phillip Judson</u> <u>Clinton Twp, MI 48035</u> Area Code and Phone <u>586-489-1987</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 <u>Jamie Pietron</u> <u>35309 Phillip Judson</u> <u>Clinton Twp, MI 48035</u> Area Code and Phone <u>586-489-1987</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

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 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.

Date of Election, Convention or Caucus

11-8-22

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	<u>Jamie Pietron</u>	Type or Print Name	<u>[Signature]</u>	Signature	Date <u>10/21/22</u>
Candidate	<u>Jamie Pietron</u>	Type or Print Name	<u>[Signature]</u>	Signature	Date <u>10/21/22</u>



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140202
2. Committee Name CTE Jamie Pietron

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>3005 -</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>3005 -</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>3005 -</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>2277.11</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>2277.11</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>3005</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>3005</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2277.11</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>727.89</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140202

2. Committee Name CTE Jamie Pietron

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>8-2-22</u>		
Name & Address: <u>Paula Herbart</u> <u>3027 Westchester</u> <u>Lansing, MI 48911</u>				\$ <u>100</u>	\$ _____
5. If over \$100.00 cumulative, please provide:				Click Here for Memo Itemization v	
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>8-9-22</u>		
Name & Address: <u>Mara Wirtz</u> <u>26129 Joanne Smith Dr.</u> <u>Chesterfield, MI 48051</u>				\$ <u>100</u>	\$ _____
5. If over \$100.00 cumulative, please provide:				Click Here for Memo Itemization v	
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>8-9-22</u>		
Name & Address: <u>Freyawebberman</u> <u>16144 Ludlow</u> <u>Huntington Woods, MI 48070</u>				\$ <u>100</u>	\$ _____
5. If over \$100.00 cumulative, please provide:				Click Here for Memo Itemization v	
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>8-14-22</u>		
Name & Address: <u>Kristan Fetterhoff</u> <u>27299 29 Mile Rd</u> <u>Lenox, MI 48050</u>				\$ <u>50</u>	\$ _____
5. If over \$100.00 cumulative, please provide:				Click Here for Memo Itemization v	
Occupation _____ Employer _____					
Business Address _____					
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser					

Page Subtotal

350

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140202

2. Committee Name CTE Jamie Pietron

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>8-16-22</u> Name & Address: <u>Jocly Rossi</u> <u>702 W Henry Ross Drive Bruce Twp, 48065</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>25</u>	Click Here for Memo Itemization v
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>8-16-22</u> Name & Address: <u>Kevin Marvin</u> <u>279 Merriweather Grosse Pk Farms, MI</u> <u>48236</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100</u>	Click Here for Memo Itemization v
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>8-17-22</u> Name & Address: <u>Tracy Stablerin</u> <u>279 Merriweather Grosse Pk Farms, MI</u> <u>48236</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100</u>	Click Here for Memo Itemization v
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>8-22-22</u> Name & Address: <u>Thomas Lreckfelt</u> <u>2801 N. Pine Island Rd Apt 301 Sunrise, FL</u> <u>33326</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100</u>	Click Here for Memo Itemization v

Page Subtotal

325

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140202

2. Committee Name CTE Jamie Pietron

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 all 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 8-22-22

Name & Address:

Emily Schwarze
52293 Creek Lane Chesterfield, MI 48047

\$ 25

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Click Here for Memo Itemization ☐

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 8-22-22

Name & Address

Elizabeth VanNuck
10425 Arnold Road Fairhaven, MI

\$ 10

5. If over \$100.00 cumulative, please provide:

48023

Click Here for Memo Itemization ☐

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES

4. Date of Receipt 8-22-22

Name & Address:

Kellie Mackesy
50854 Baltimore St. New Baltimore, MI

\$ 25

5. If over \$100.00 cumulative, please provide:

48047

Click Here for Memo Itemization ☐

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES

4. Date of Receipt 8-24-22

Name & Address

Jennifer Speers
35287 Simco Clinton Twp, MI 48035

\$ 50-

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization ☐

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

110

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140202

2. Committee Name CTE Jamie Pietron

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 all 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 8-22-22

Name & Address:

Jennifer Thomas
64442 Windsor Washington, MI

\$ 50 \$

5. If over \$100.00 cumulative, please provide:

48095

Click Here for Memo Itemization ☐

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 9-14-22

Name & Address

Tanya Nordhaus
32133 Bonnet Hill Rd

\$ 30 \$

5. If over \$100.00 cumulative, please provide:

Farmington Hills, MI 48324

Click Here for Memo Itemization ☐

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 9-30-22

Name & Address:

Michelle Woodman
37205 Jefferson Ave Harrison Twp,

\$ 40 \$

5. If over \$100.00 cumulative, please provide:

MI 48045

Click Here for Memo Itemization ☐

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #4 PAC Receipt? ☒ YES

4. Date of Receipt 9-19-22

Name & Address

EUDPACI
39090 Garfield Ste 101 Clinton Twp, MI 48038

\$ 1500 \$

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization ☐

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

1620

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140202

2. Committee Name CTE Jamie Pietron

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 Name & Address: <u>Pipefitters LOCAL 636 PAC</u> <u>700 Tower Drive Suite 300 Troy MI</u> <u>48098</u>	PAC Receipt? ☒ YES 4. Date of Receipt <u>10/3/22</u>	\$ <u>600</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address <u>See above</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution #2 Name & Address:	PAC Receipt? ☐ YES 4. Date of Receipt _____	\$ _____	\$ _____
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 v	
3. Contribution # 3 Name & Address:	PAC Receipt? ☐ YES 4. Date of Receipt _____	\$ _____	\$ _____
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 v	
3. Contribution # 4 Name & Address:	PAC Receipt? ☐ YES 4. Date of Receipt _____	\$ _____	\$ _____
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 v	

Page Subtotal

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

Page 5 of 5

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number

140202

2. Committee Name

CT E Jamie Pietron

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Mia K. Designs</u> Address <u>52057 Kings Pointe Dr.</u> <u>New Baltimore, MI 48047</u> ☐ Fund Raiser	Purpose: <u>Campaign T-Shirts</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/23/22</u> Date	<u>\$ 186</u>
Expenditure #2 Name <u>Vistaprint</u> Address <u>275 Wyman St.</u> <u>Waltham, MA 02451</u> ☐ Fund Raiser	Purpose: <u>Campaign Literature - door hangers</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/20/22</u> Date	<u>\$ 456.77</u>
Expenditure #3 Name <u>VISTAPRINT</u> Address <u>275 Wyman St.</u> <u>Waltham, MA 02451</u> ☐ Fund Raiser	Purpose: <u>Campaign poll literature</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/13/22</u> Date	<u>\$ 643.41</u>
Expenditure #4 Name <u>Just Yard Signs</u> Address <u>2235 Mercator Dr.</u> <u>Orlando, FL 32867</u> ☐ Fund Raiser	Purpose: <u>Campaign Yard Signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/2/22</u> Date	<u>\$ 590-</u>
Expenditure #5 Name <u>Marianne Michelle Photography</u> Address <u>41755 Coulon Dr.</u> <u>Clinton Twp, MI 48038</u> ☐ Fund Raiser	Purpose: <u>Campaign photos</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/12/22</u> Date	<u>\$ 300-</u>

Subtotal this page

2176.18

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

140202

2. Committee Name

CTE Jamie Pietron

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Vistaprint Address 275 Wyman St. Waltham, MA 02451 ☐ Fund Raiser	Purpose: Campaign stickers for polls ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/18/22 Date	101.11
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	Date _____ Click Here for Memo Itemization Type	\$ _____
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	Date _____ Click Here for Memo Itemization Type	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	Date _____ Click Here for Memo Itemization Type	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	Date _____ Click Here for Memo Itemization Type	\$ _____

Subtotal this page

101.11

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

2277.11

Enter this total
on line 8a of
Summary Page