



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: 07/11/2022 to 10/23/2022

1. Committee I.D. Number

140197

2. Committee Name

CTE ADRIENNE RUBEL

4. Candidate Last Name

RUBEL

First Name

ADRIENNE

M.I.

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

TRUSTEE, UTICA SD

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

5. Committee's Mailing Address

**14214 PETERBORO DRIVE
STERLING HEIGHTS, MI 48313**

Area Code and Phone (586) 615-9396
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.

6. Treasurer's Name & Residential Address

**AUDREY HENDERSON
49782 BLOOMSBURY LANE
MACOMB, MI 48044**

Area Code & Phone (586) 489-8914

7. Treasurer's Business Address

**49782 BLOOMSBURY LANE
MACOMB, MI 48044**

Area Code and Phone (586) 489-8914

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

Area Code and Phone () -

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

11/08/2022

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.

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

10/25/2022

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/25/2022



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140197

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE ADRIENNE RUBEL

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>4,509.70</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>4,509.70</u>	(18.) \$ <u>4,509.70</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>4,509.70</u>	(20.) \$ <u>4,509.70</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>1,118.54</u>	(21.) \$ <u>1,118.54</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1,045.08</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>1.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1,046.08</u>	(23.) \$ <u>1,046.08</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>4,509.70</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>4,509.70</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1,046.08</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>3,463.62</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140197
2. Committee Name CTE ADRIENNE RUBEL

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>07/19/2022</u>	
Name & Address: AUDREY HENDERSON 49782 BLOOMSBURY LN MACOMB, MI 48044		\$ <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>09/08/2022</u>	
Name & Address: DANETTE DURON-WILLNER 35750 FREDERICKSBURG RD FARMINGTON HILLS, MI 48331		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/11/2022</u>	
Name & Address: ANJONETTE FELTHOUSE 53175 SCHOENHERR RD SHELBY TWP, MI 48315		\$ <u>21.10</u>	\$ <u>21.10</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>09/12/2022</u>	
Name & Address: JENNIFER BOURLIER 20506 ELIZABETH ST ST CLAIR SHORES, MI 48080		\$ <u>10.00</u>	\$ <u>10.00</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 **181.10**

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 140197
2. Committee Name CTE ADRIENNE RUBEL

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>09/12/2022</u> Name & Address: MARY K SMOLENSKI 5767 WHITEHAVEN DR TROY, MI 48085		\$ <u>515.88</u>	\$ <u>515.88</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNSELOR</u> Employer <u>OAKLAND COMMUNITY COLLEGE</u> Business Address <u>2900 FEATHERSTONE RD, AUBURN HILLS, MI 48326</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/16/2022</u> Name & Address: STEPHEN PANGORI 8111 ROSEBUD LN INDEPENDENCE TWP, MI 48348		\$ <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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/19/2022</u> Name & Address: JULI SALA 53684 BRIAR DR SHELBY TWP, MI 48316		\$ <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>09/19/2022</u> Name & Address: JAMES WATSON 7297 METZ DR SHELBY TWP, MI 48316		\$ <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			

Page Subtotal **815.88**

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

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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140197
2. Committee Name CTE ADRIENNE RUBEL

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>09/23/2022</u> Name & Address: JENNIFER FILAURO 18018 TATARA DR MACOMB, MI 48042		\$ <u>21.10</u>	\$ <u>21.10</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>09/24/2022</u> Name & Address: CARLY PACIONI-TOMASAK 324 LONESOME OAK DR ROCHESTER, MI 48306		\$ <u>25.00</u>	\$ <u>25.00</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>09/24/2022</u> Name & Address: KRISTI TEPPER 18313 RANIER DR MACOMB, MI 48042		\$ <u>51.99</u>	\$ <u>51.99</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>09/25/2022</u> Name & Address: MICHELLE GUDDING 8647 CARRIAGE HILL DR SHELBY TWP, MI 48317		\$ <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			

Page Subtotal **118.09**

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 140197
2. Committee Name CTE ADRIENNE RUBEL

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>09/26/2022</u> Name & Address: BETH GAWTHROP 6377 WALKER DR TROY, MI 48085		\$ <u>15.95</u>	\$ <u>15.95</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>09/26/2022</u> Name & Address: ELIZA PARKINSON 406 WAVERLEY AVE ROYAL OAK, MI 48067		\$ <u>103.48</u>	\$ <u>103.48</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONTRACTOR</u> Employer <u>MICHIGAN EDUCATION ASSOCIATION</u> Business Address <u>1216 KENDALE BLVD, EAST LANSING, MI 48823</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/27/2022</u> Name & Address: JENNA BUSCEMI 13887 WAYFORD RUN SHELBY TWP, MI 48315		\$ <u>10.00</u>	\$ <u>10.00</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>09/28/2022</u> Name & Address: SHARI HURTTGAM 42450 SHELDON PL CLINTON TWP, MI 48038		\$ <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			

Page Subtotal **149.43**

Grand Total of All Schedules 1A
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Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 140197
2. Committee Name CTE ADRIENNE RUBEL

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/29/2022</u> Name & Address: BERNADETTE ROBERTS 43073 HYDE PARK DR STERLING HEIGHTS, MI 48313	\$ <u>51.99</u>	\$ <u>51.99</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>10/02/2022</u> Name & Address: JOYCE RUBEL 15350 18 MILE RD CLINTON TWP, MI 48038	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/03/2022</u> Name & Address: KEN CUCCHI 20280 PADDOCK CT MACOMB, MI 48042	\$ <u>41.69</u>	\$ <u>41.69</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>10/03/2022</u> Name & Address: KELLY MONROE 49478 GOLDEN PARK DR SHELBY TWP, MI 48315	\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>N/A</u> Employer <u>NA</u> Business Address <u>NA, NA, NA NA</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		

Page Subtotal **343.68**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140197
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/04/2022</u>	
Name & Address: PATTI DENEAU 42348 W LEO ST CLINTON TWP, MI 48038		\$ <u>21.10</u>	\$ <u>21.10</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>10/04/2022</u>	
Name & Address: STEVEN MEYER 4251 COUNTRY CLUB DR SHELBY TWP, MI 48316		\$ <u>120.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATOR</u> Employer <u>OAKLAND UNIVERSITY</u> Business Address <u>170 MEADOW BROOK RD, ROCHESTER, MI 48309</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/04/2022</u>	
Name & Address: ANDREW MCCLOSKEY 54368 MERKEL LN SHELBY TWP, MI 48316		\$ <u>129.22</u>	\$ <u>129.22</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>APPRAISER</u> Employer <u>EVERGREEN VALUATION SERVICES</u> Business Address <u>54386 MERKEL LN, SHELBY TWP, MI 48316</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/05/2022</u>	
Name & Address: ROBERT ROMANELLI 12933 HONEY LOCUST DR SHELBY TWP, MI 48315		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VP OF LAW</u> Employer <u>KELLY SERVICES</u> Business Address <u>999 W BIG BEAVER RD, TROY, MI 48084</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 570.32

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 140197
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/05/2022</u>	
Name & Address: CYNTHIA STAPELS 42424 SHELDON PL CLINTON TWP, MI 48038		\$ <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>10/05/2022</u>	
Name & Address: ANGELO HARWOOD 13020 PARKRIDGE DR SHELBY TWP, MI 48315		\$ <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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/07/2022</u>	
Name & Address: WILLIAM HOLBROOK 4340 CHEVRON DR HIGHLAND TWP, MI 48356		\$ <u>77.74</u>	\$ <u>77.74</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>10/07/2022</u>	
Name & Address: VICKIE M MALINOWSKI 31075 SHUE RD RICHMOND, MI 48062		\$ <u>51.99</u>	\$ <u>51.99</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 329.73

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140197
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/08/2022</u>	
Name & Address: MICHAEL NOWICKI 57806 APPLE CREEK DR WASHINGTON, MI 48094		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE VP</u> Employer <u>IDS</u> Business Address <u>1441 W LONG LAKE RD, TROY, MI 48098</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/10/2022</u>	
Name & Address: MICHAEL BENDER 7503 KOLB AVE ALLEN PARK, MI 48101		\$ <u>206.46</u>	\$ <u>206.46</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CHIEF OF STAFF</u> Employer <u>UTICA COMMUNITY SCHOOLS</u> Business Address <u>11303 GREENDALE 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>10/11/2022</u>	
Name & Address: JARED MCEVOY 46694 TWIN CITY TRAIL MACOMB, MI 48044		\$ <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>10/11/2022</u>	
Name & Address: REGISTRARS PAC LOCAL 58, IBEW 1358 ABBOTT ST DETROIT, MI 48216		\$ <u>250.00</u>	\$ <u>250.00</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 706.46

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140197
2. Committee Name CTE ADRIENNE RUBEL

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>10/12/2022</u> Name & Address: FIRST RESPONSE EMS 20495 WOODINGHAM DR DETROIT, MI 48221		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/12/2022</u> Name & Address: MARK DZIATCZAK 1197 KINLOCK DR TROY, MI 48098		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/13/2022</u> Name & Address: BRENT BOHLINGER 38780 BEECHER DR STERLING HEIGHTS, MI 48312		\$ <u>257.94</u>	\$ <u>257.94</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROJECT MANAGER</u> Employer <u>BARTON MALOW</u> Business Address <u>26500 AMERICAN DR, SOUTHFIELD, MI 48034</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/14/2022</u> Name & Address: KIMBERLY BARG 46700 TILCH RD MACOMB, MI 48044		\$ <u>257.94</u>	\$ <u>257.94</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMIN</u> Employer <u>UTICA COMMUNITY SCHOOLS</u> Business Address <u>11303 GREENDALE DR, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **640.88**

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

Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140197
2. Committee Name CTE ADRIENNE RUBEL

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>10/14/2022</u>	
Name & Address: JILL TOMYN 5991 VERNON RD DURAND, MI 48429		\$ <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>10/17/2022</u>	
Name & Address: TIMOTHY MCAVOY 3841 N BRIARVALE RD AUBURN HILLS, MI 48326		\$ <u>103.48</u>	\$ <u>103.48</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNITY RELATIONS</u> Employer <u>UTICA COMMUNITY SCHOOLS</u> Business Address <u>11311 GREENDALE 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>10/17/2022</u>	
Name & Address: JOHN GRAHAM 47505 VAN DYKE AVE SHELBY TWP, MI 48317		\$ <u>77.74</u>	\$ <u>77.74</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>10/18/2022</u>	
Name & Address: BROOKE INSANA 3108 SANDY CREEK DR SHELBY TWP, MI 48316		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 281.22

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 140197
2. Committee Name CTE ADRIENNE RUBEL

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>10/18/2022</u>	
Name & Address: VELETA CARPENTER 5341 BISHOP RD DRYDEN, MI 48428		\$ <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>10/19/2022</u>	
Name & Address: JEROME HOPPE 52203 SAWMILL CREEK DR MACOMB, MI 48042		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/19/2022</u>	
Name & Address: BRIAN LAPORTE 13313 BURNINGWOOD DR WASHINGTON, MI 48094		\$ <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>10/19/2022</u>	
Name & Address: MARY COUGHLIN 3502 WARWICK DR ROCHESTER HILLS, MI 48309		\$ <u>41.69</u>	\$ <u>41.69</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 **191.69**

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 140197
2. Committee Name CTE ADRIENNE RUBEL

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>10/19/2022</u>	
Name & Address: THOMAS YAW 2227 DORCHESTER RD BIRMINGHAM, MI 48009		\$ <u>103.48</u>	\$ <u>103.48</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRINCIPAL</u> Employer <u>UTICA COMMUNITY SCHOOLS</u> Business Address <u>11303 GREENDALE DR, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/21/2022</u>	
Name & Address: KAREN PATRICK 21548 DEQUINDRE RD WARREN, MI 48091		\$ <u>77.74</u>	\$ <u>77.74</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 _____	
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

181.22

Grand Total of All Schedules 1A
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4,509.70

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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 140197
2. Committee Name CTE ADRIENNE RUBEL

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: UTICA EDUCATION ASSOCIATION 13969 PLUMBROOK RD STERLING HEIGHTS, MI 48312 If over \$100.00 cumulative, please provide: Occupation: 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 <u>PRINTING</u> 5. Date Of Receipt: <u>10/20/2022</u> 6. Vendor Name & Address: MEA PO BOX 2573, EAST LANSING, MI 48826	\$ <u>56.42</u>	\$ <u>56.42</u>
☐ Fund Raiser Contribution			
Contribution # 2 PAC Receipt? ☒ Yes Name & Address: UTICA EDUCATION ASSOCIATION 13969 PLUMBROOK RD STERLING HEIGHTS, MI 48312 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 <u>SIGNS</u> 5. Date Of Receipt: <u>10/20/2022</u> 6. Vendor Name & Address:	\$ <u>1,062.12</u>	\$ <u>1,118.54</u>
☐ 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](#)

Page Subtotal 1,118.54 1,118.54

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) 1,118.54

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on line 6 of Summary
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140197
2. Committee Name CTE ADRIENNE RUBEL

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CTE DANIELLE NESOVSKI Address 53479 WOLF DR SHELBY TWP, MI 48316 ☐ Fund Raiser	Purpose: <u>CONTRIBUTION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/25/2022</u> Date	\$ <u>257.00</u>
Expenditure #2 Name POPPY DESIGNS Address 23225 OAKWOOD AVE EASTPOINTE, MI 48021 ☐ Fund Raiser	Purpose: <u>BUSINESS CARDS, WEB PACKAGE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/06/2022</u> Date	\$ <u>645.79</u>
Expenditure #3 Name PAYPAL Address 2211 N FIRST ST SAN JOSE, CA 95131 ☐ Fund Raiser	Purpose: <u>PAYPAL FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/2022</u> Date	\$ <u>142.29</u>
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **1,045.08**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **1,045.08**

Enter this total
on line 8a of
Summary Page