



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

26 OCT 2022 PM 05:19

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**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: 07/05/2004 to 10/23/2022

1. Committee I.D. Number

137369

4. Candidate Last Name First Name M.I.

PEARL KENNETH A

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

TRUSTEE, CHIPPEWA VALLEY SD

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

2. Committee Name

CTE KENNETH A. PEARL

5. Committee's Mailing Address

**38316 SANTA BARBARA
CLINTON TOWNSHIP, MI 48036**

Area Code and Phone (586) 465-8641
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

**KENNETH A PEARL
38316 SANTA BARBARA
CLINTON TOWNSHIP, MI 48036**

Area Code & Phone (586) 465-8641

7. Treasurer's Business Address

**38316 SANTA BARBARA
CLINTON TOWNSHIP, MI 48036**

Area Code and Phone (586) 465-8641

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

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

11/08/2022

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

10/26/2022

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/26/2022



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 137369

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE KENNETH A. PEARL

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>8,537.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>8,537.00</u>	(18.) \$ <u>8,537.00</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>8,537.00</u>	(20.) \$ <u>8,537.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>804.50</u>	(21.) \$ <u>804.50</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>6,821.35</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>6,821.35</u>	(23.) \$ <u>6,821.35</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>54.92</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>8,537.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>8,591.92</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>6,821.35</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1,770.57</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137369
2. Committee Name CTE KENNETH A. PEARL

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>08/18/2022</u>	
Name & Address: JOHN DOLAN 22600 HALL RD SUITE 205 CLINTON TWP, MI 48036		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>DOLAN & TOMLINSON PC</u> Business Address <u>22600 HALL RD, SUITE 205, 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>08/18/2022</u>	
Name & Address: TIMOTHY TOMLINSON 22600 HALL RD SUITE 205 CLINTON TWP, MI 48036		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>DOLAN & TOMLINSON PC</u> Business Address <u>22600 HALL RD, SUITE 205, CLINTON TWP, MI 48036</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/18/2022</u>	
Name & Address: LINDA MCGRAIL 22600 HALL RD SUITE 205 CLINTON TWP, MI 48036		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>DOLAN & TOMLINSON PC</u> Business Address <u>22600 HALL RD, SUITE 205, CLINTON TWP, MI 48036</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/16/2022</u>	
Name & Address: MICHAEL LOCKE 37829 MORAVIAN DR CLINTON TWP, MI 48036		\$ <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 650.00

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 137369
2. Committee Name CTE KENNETH A. PEARL

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>09/20/2022</u>	
Name & Address: SUZANNE TUTTLE 17115 TOWER DR MACOMB, MI 48044		\$ <u>40.00</u>	\$ <u>40.00</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>09/20/2022</u>	
Name & Address: KRISTEN SCHULTZ 14185 BELLEVUE BLVD STERLING HEIGHTS, MI 48313		\$ <u>40.00</u>	\$ <u>40.00</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>09/20/2022</u>	
Name & Address: STACEY LAPLANTE 49621 GOLDEN GATE DR MACOMB, MI 48044		\$ <u>40.00</u>	\$ <u>40.00</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>09/20/2022</u>	
Name & Address: NICOLE SIMON 48069 AMBER LN SHELBY TWP, MI 48315		\$ <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 **140.00**

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 137369
2. Committee Name CTE KENNETH A. PEARL

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>09/20/2022</u>	
Name & Address: VICTORIA PRIDEAUX 45614 SPAGNUOLO RD MACOMB, MI 48044		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: KATHERINE BRAWN 36961 27 MILE RD. New Haven, MI 48048		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: MARY VANMARCKE 11500 JOLGREN DR CLINTON TWP, MI 48038		\$ <u>11.00</u>	\$ <u>11.00</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>09/20/2022</u>	
Name & Address: CHRISTIA TRIM 55110 TIMBERS EDGE DR SHELBY TWP, MI 48316		\$ <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 71.00

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: CINDY MORO 42347 CREEKSIDE DRIVE Clinton Township, 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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: GABY CASTILLO 37311 CHARTER OAKS BLVD CLINTON TWP, MI 48036		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: LISA COMBS 17355 HEATHER LN 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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: JACOB MARKOV 41690 AMBERLY DR 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 **80.00**

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: SUE CLARK 20776 ANITA ST CLINTON TWP, MI 48036		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: BETH EVATT 49396 WALNUT CREEK DR MACOMB, MI 48044		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: JIM KUZNER 17054 HUNTINGTON WOODS DR MACOMB, MI 48042		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: AIMEE GRAVES 46453 MARINER DR MACOMB, MI 48044		\$ <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 **80.00**

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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: KRISTEN WOODRUFF 17763 RODRIGUEZ DR MACOMB, MI 48042		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: MICHAEL LEMANSKI 43000 LITTLE RD CLINTON TWP, MI 48036		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: MIKE BONACCI 50449 AUGUST DR MACOMB, MI 48044		\$ <u>8.00</u>	\$ <u>8.00</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>09/20/2022</u>	
Name & Address: KIM HEPNER 1359 WHITTIER RD GROSSE POINTE PARK, MI 48230		\$ <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 58.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: LORI MCAVIN 56362 BIRKDALE DR MACOMB, MI 48042		\$ <u>15.00</u>	\$ <u>15.00</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>09/20/2022</u>	
Name & Address: JEN NELSON 52453 BATTANWOOD DR MACOMB, MI 48042		\$ <u>15.00</u>	\$ <u>15.00</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>09/20/2022</u>	
Name & Address: CONNIE HAGEL 48521 BAY HARBOR DR MACOMB, MI 48044		\$ <u>13.33</u>	\$ <u>13.33</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>09/20/2022</u>	
Name & Address: MARISSA CASTEEL 39117 TWENLOW CT CLINTON TWP, MI 48038		\$ <u>13.33</u>	\$ <u>13.33</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 **56.66**

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: AMANDA STANKUS 48220 PRIMROSE DR MACOMB, MI 48044		\$ <u>13.34</u>	\$ <u>13.34</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>09/20/2022</u>	
Name & Address: NICK MALBURG 3517 MELDRUM RD CASCO, MI 48064		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: RODNEY REEVES 51217 MOROWSKE DR SHELBY TWP, MI 48316		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: CHRISTY MARTIN 591 LOCKPORT RD ROCHESTER, MI 48307		\$ <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 **73.34**

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: HELENA SCHALF 19888 MAPLETON DR MACOMB, MI 48044		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: TRISHA SELETSKY 44 MILLER ST MT CLEMENS, MI 48043		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: ANGELA DAGATI 20865 23 MILE RD MACOMB, MI 48042		\$ <u>13.33</u>	\$ <u>13.33</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>09/20/2022</u>	
Name & Address: MAUREEN NICHOLSON 14109 BERRYKNOLL DR SHELBY TWP, MI 48315		\$ <u>13.33</u>	\$ <u>13.33</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 66.66

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 137369
2. Committee Name CTE KENNETH A. PEARL

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>09/20/2022</u>	
Name & Address: RENEE VILLAIRE 50731 NESTING RIDGE DR MACOMB, MI 48044		\$ <u>13.34</u>	\$ <u>13.34</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>09/20/2022</u>	
Name & Address: BRIDGETTE BLACKWELL 37295 HANCOCK ST CLINTON TWP, MI 48036		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: HEATHER NELSON 26217 MAPLERIDGE DR NEW BALTIMORE, MI 48051		\$ <u>13.34</u>	\$ <u>13.34</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>09/20/2022</u>	
Name & Address: MARY COLLAR 48853 BUCKINGHAM DR MACOMB, MI 48044		\$ <u>13.33</u>	\$ <u>13.33</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 60.01

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 137369
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: LISA OLIVERIO 1007 ANITA AVE GROSSE POINTE WOODS, MI 48236		\$ <u>13.33</u>	\$ <u>13.33</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>09/20/2022</u>	
Name & Address: BRANDON MURPHY 11719 MONSBROOK CT STERLING HEIGHTS, MI 48312		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: NICOLE BACHMANN 4250 OLD FORGE DR FORT GRATIOT TWP, MI 48059		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: BRIAN BICKERS 35814 BURTON CT NEW BALTIMORE, MI 48047		\$ <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 73.33

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/20/2022</u> Name & Address: SUZANNE BOBZIN 46157 DUKE DR NEW BALTIMORE, MI 48051		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/20/2022</u> Name & Address: KAYDA FOCHT 37901 JOHN P ST CLINTON TWP, MI 48036		\$ <u>5.00</u>	\$ <u>5.00</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>09/20/2022</u> Name & Address: RACHEL VITALE 48276 ELLINGTON DR MACOMB, MI 48044		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/20/2022</u> Name & Address: BRANDON ALTADONNA 22108 TROMBLY ST ST CLAIR SHORES, MI 48080		\$ <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 **65.00**

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 137369
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: JESSICA KAY 47617 DLOSKI CT MACOMB, MI 48044		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: KERRIE WHALEN 21020 WOODLAND DR MACOMB, MI 48044		\$ <u>5.00</u>	\$ <u>5.00</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>09/20/2022</u>	
Name & Address: MARY RICH 45332 YORKSHIRE DR MACOMB, MI 48044		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: AMY HINKLE 18072 SUNSHINE SKYWAY DRIVE MACOMB, MI 48042		\$ <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 65.00

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**

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/20/2022</u> Name & Address: CHELSEA EOVALDI 15860 MAGNOLIA DR N 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			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/20/2022</u> Name & Address: ASHLEY CZECHOWSKI 20725 GABERTY DR 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			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/20/2022</u> Name & Address: AMY SCHLACHT 149 CROCKER BLVD MT CLEMENS, MI 48043		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/20/2022</u> Name & Address: JEANIE CLINE 50 DEPOT ST Oxford, MI 48371		\$ <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 80.00

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 137369
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: AMY WARFIELD 643 N ESPLANADE ST MT CLEMENS, MI 48043		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: EMILY FOX 345 INDEPENDENCE AVE MARYSVILLE, MI 48040		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: CANDICE RAEB 30224 CHAMPINE ST ST CLAIR SHORES, MI 48082		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: KELLY THORP 18160 NICOLA DR MACOMB, MI 48042		\$ <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 80.00

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 137369
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: KATHY KRULL 53189 ELYSIA LN NEW BALTIMORE, MI 48051		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: ELAINE ADAMO 37652 SANTA ANNA ST CLINTON TWP, MI 48036		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: ANNE DANKO 20348 BALLANTRAE DR MACOMB, MI 48044		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: BETHANN DONNEWERTH 5667 PARSHALL DR SHELBY TWP, MI 48316		\$ <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 80.00

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**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: KATIE MYERS 1390 HAMPTON RD MT CLEMENS, MI 48043		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: CHERYL FOCHT 37901 JOHN P ST CLINTON TWP, MI 48036		\$ <u>5.00</u>	\$ <u>5.00</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>09/20/2022</u>	
Name & Address: CRYSTAL VALLS 51222 SANDSHORES DR SHELBY TWP, MI 48316		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: LOAN COLES 20884 MARLINGA DR 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 **65.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: DIANE CALDWELL 49602 OCTAVIA ST NEW BALTIMORE, MI 48047		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: ADRIANA EWING 44781 RIVERGATE DR 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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: MICHAEL SAUER 45931 RIVERWOODS DR MACOMB, MI 48044		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: JOHN WILSON 47112 HIDDEN MEADOWS DR MACOMB, MI 48044		\$ <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 80.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: JULIE WALTERS 15453 VANOWEN DR MACOMB, MI 48042		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: TIFFANIE WISCOMBE 51557 MAURO LN MACOMB, MI 48042		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: GENNY CONNORS 2950 WALBRIDGE DR ROCHESTER HILLS, MI 48307		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: RYAN CRYDERMAN 388 THALIA AVE ROCHESTER HILLS, MI 48307		\$ <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 80.00

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(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: EMILY BOLDYS 21176 SUNRISE DR MACOMB, MI 48044		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: SHARI FOGOLINI 19210 GLORIA DR MACOMB, MI 48044		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: MELISSA WROBLEWSKI 21955 WAYCROSS DR MACOMB, MI 48044		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: MINDY FALZON 718 WESTVIEW RD BLOOMFIELD HILLS, MI 48304		\$ <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 80.00

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 137369
2. Committee Name CTE KENNETH A. PEARL

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>09/20/2022</u>	
Name & Address: BRENNA O'MALLEY 56030 LARIO CT MACOMB, MI 48042		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: SARAH CARLSON 119 E HOLLISTER ST ROMEO, MI 48065		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: BETH REINHOLD 8575 28 MILE RD WASHINGTON, MI 48094		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: KRISTINA FLEMING 31679 N RIVER RD HARRISON TWP, MI 48045		\$ <u>4.00</u>	\$ <u>4.00</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 **64.00**

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 137369
2. Committee Name CTE KENNETH A. PEARL

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: REBECCA ROBERTS 1589 PALATINE DR OAKLAND TWP, MI 48363		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: CINDY GRIFFIN 76 HAWTHORNE RD GROSSE POINTE SHORES, MI 48236		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: LAUREN KERN 3559 BEACH RD TROY, MI 48084		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: JASON TRZASKO 55082 TIMBERS EDGE DR SHELBY TWP, MI 48316		\$ <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 80.00

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 137369
2. Committee Name CTE KENNETH A. PEARL

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: CATHY SOBEL 20236 RAMBLEWOOD DR MACOMB, MI 48044		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: MARY VERSTRAETE 46045 BROOKSIDE N DR MACOMB, MI 48044		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: STACY KALSO 771 WHISPERING TRAIL CLARKSTON, MI 48348		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: ROBBEN OLSON 6193 ROSEWOOD PKWY WHITE LAKE TWP, MI 48383		\$ <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 80.00

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 137369
2. Committee Name CTE KENNETH A. PEARL

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>09/20/2022</u>	
Name & Address: MAGGIE SIMPSON 7819 OLD FOREST DR CLARKSTON, MI 48348		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: DENISE AQUINO 16940 FRANZISKA CT 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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: HEIDI FELDMAN 1268 ROSLYN RD GROSSE POINTE WOODS, MI 48236		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: MALCOLM BECKMAN 49621 GOLDEN GATE DR MACOMB, MI 48044		\$ <u>40.00</u>	\$ <u>40.00</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 **180.00**

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 137369
2. Committee Name CTE KENNETH A. PEARL

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>09/20/2022</u>	
Name & Address: LINDSEY KRAMER 62458 MORNINGSIDE 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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: CHERYL VALIN 25618 ROSE New Baltimore, MI 48051		\$ <u>40.00</u>	\$ <u>40.00</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>09/20/2022</u>	
Name & Address: CONCETTO TEMPIO 31436 ARTESIAN DR WARREN, MI 48092		\$ <u>40.00</u>	\$ <u>40.00</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>09/20/2022</u>	
Name & Address: MYRA SHOLTIS 36581 ST CLAIR DR NEW BALTIMORE, MI 48047		\$ <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 **150.00**

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 137369
2. Committee Name CTE KENNETH A. PEARL

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>09/20/2022</u>	
Name & Address: AMY NYTKO 65296 PLACE RD NEW HAVEN, MI 48050		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2022</u>	
Name & Address: MEGAN VERELLEN 47114 STEPHANIE DR MACOMB, MI 48044		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>09/27/2022</u>	
Name & Address: EDUPAC1 38550 GARFIELD RD SUITE B CLINTON TOWNSHIP, MI 48038		\$ <u>2,500.00</u>	\$ <u>2,500.00</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>09/30/2022</u>	
Name & Address: AIMEE GRAHN 106 STONETREE CIR ROCHESTER HILLS, MI 48309		\$ <u>40.00</u>	\$ <u>40.00</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 2,580.00

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 137369
2. Committee Name CTE KENNETH A. PEARL

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>09/30/2022</u>	
Name & Address: KELLY GENDERNELLE 18215 RED OAKS DR MACOMB, MI 48044		\$ <u>40.00</u>	\$ <u>40.00</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>09/30/2022</u>	
Name & Address: DEBRA ROSENBERG 54504 WHITE PINE LN SHELBY TOWNSHIP, MI 48315		\$ <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>09/30/2022</u>	
Name & Address: SARA GIELEGHAM 37905 E HORSESHOE DR CLINTON TWP, MI 48036		\$ <u>40.00</u>	\$ <u>40.00</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>09/30/2022</u>	
Name & Address: AVA GRIFFIN 42376 BAYBERRY DR 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 150.00

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 137369
2. Committee Name CTE KENNETH A. PEARL

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>09/30/2022</u>	
Name & Address: DAN LAWERENCE 14111 IVANHOE DR WARREN, MI 48088		\$ <u>40.00</u>	\$ <u>40.00</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>09/30/2022</u>	
Name & Address: CARA KONICEK 14741 HANNEBAUER CT STERLING HEIGHTS, MI 48313		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/30/2022</u>	
Name & Address: NICK MARINELLO 42 LODWYCK ST MT CLEMENS, MI 48043		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/30/2022</u>	
Name & Address: KELLY LANGLOIS 20956 BRIAR ROSE DR MACOMB, MI 48044		\$ <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 **100.00**

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 137369
2. Committee Name CTE KENNETH A. PEARL

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>09/30/2022</u> Name & Address: SCOTT PERRYMAN 21430 TANGLEWOOD ST ST CLAIR SHORES, MI 48082		\$ <u>24.00</u>	\$ <u>24.00</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>09/30/2022</u> Name & Address: STEPANIE PRISKORN 4608 THORNCROFT AVE ROYAL OAK, MI 48073		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☒ YES 4. Date of Receipt <u>10/06/2022</u> Name & Address: UAW MICHIGAN V-PAC 8000 E JEFFERSON DETROIT, MI 48214		\$ <u>1,500.00</u>	\$ <u>1,500.00</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>10/07/2022</u> Name & Address: RON SYME 38690 LONG ST HARRISON TWP, MI 48045		\$ <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 **1,644.00**

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 137369
2. Committee Name CTE KENNETH A. PEARL

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/07/2022</u>	
Name & Address: SHERMAN COTTINGHAM 17488 CANVASBACK DR 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>10/13/2022</u>	
Name & Address: PHILIP RUGGERI 55764 ST REGIS DR SHELBY TWP, MI 48315		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>PHILLIP P. RUGGERI & ASSOCIATE</u> Business Address <u>43231 SCHOENHERR RD, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/15/2022</u>	
Name & Address: NANCY DUEMLING 20776 MOXON DR CLINTON TWP, MI 48036		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/15/2022</u>	
Name & Address: RICK ICEBERG 3770 DALEY RD ATTICA, MI 48412		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>CJ BARRYMORES</u> Business Address <u>21750 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **875.00**

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

Enter this total on
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 137369
2. Committee Name CTE KENNETH A. PEARL

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3. Contribution # 1	PAC Receipt? ☒ YES	4. Date of Receipt <u>10/15/2022</u>	
Name & Address: REGISTRARS PAC LOCAL 58, IBEW 1358 ABBOTT ST Detroit, MI 48226		\$ <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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/17/2022</u>	
Name & Address: SCOTT LOCKWOOD 950 SOUTHDOWN RD BLOOMFIELD HILLS, MI 48304		\$ <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>10/17/2022</u>	
Name & Address: STEPHEN PANGORI 8106 ROSEBUD LN CLARKSTON, 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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/17/2022</u>	
Name & Address: JASON ARLOW 5709 ARNOLD RD MARINE CITY, MI 48039		\$ <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 550.00

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

8,537.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number **137369**

2. Committee Name **CTE KENNETH A. PEARL**

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: EDUPAC1 38550 GARFIELD RD SUITE B CLINTON TOWNSHIP, MI 48038 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 FLYER ARTWORK 5. Date Of Receipt: 10/11/2022 6. Vendor Name & Address: POPPY DESIGNS LLC 23225 OAKWOOD AVE, EASTPOINTE, MI 48021	\$ 25.00	\$ 25.00
Contribution # 2 PAC Receipt? ☒ Yes Name & Address: EDUPAC1 38550 GARFIELD RD SUITE B CLINTON TOWNSHIP, MI 48038 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 NEWSPAPER ADS 5. Date Of Receipt: 10/18/2022 6. Vendor Name & Address: C&G PUBLISHING 13650 E ELEVEN MILE RD, WARREN, MI 48089	\$ 779.50	\$ 804.50
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			

Page Subtotal

804.50

804.50

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

804.50

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **137369**
2. Committee Name **CTE KENNETH A. PEARL**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name AMERICAN GRAPHICS PRINTING CO Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: PRINTED HANDOUTS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/26/2022 Date	\$ 348.74
Expenditure #2 Name FIFTH THIRD BANK Address 39907 S GROESBECK HWY CLINTON TWP, MI 48036 ☐ Fund Raiser	Purpose: BANK CHARGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/31/2022 Date	\$ 10.00
Expenditure #3 Name AMERICAN GRAPHICS PRINTING CO Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: ELECTION FLYER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/09/2022 Date	\$ 288.32
Expenditure #4 Name SIGNARAMA Address 36886 HARPER CLINTON TOWNSHIP, MI 48035 ☐ Fund Raiser	Purpose: STICKERS FOR LAWN SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/12/2022 Date	\$ 190.75
Expenditure #5 Name AMERICAN GRAPHICS PRINTING CO Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: CAMPAIGN SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/19/2022 Date	\$ 318.00

Subtotal this page

1,155.81

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 **137369**
2. Committee Name **CTE KENNETH A. PEARL**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name AMERICAN GRAPHICS PRINTING CO Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: CAMPAIGN SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/27/2022 Date	\$ 348.74
Expenditure #2 Name AMERICAN GRAPHICS PRINTING CO Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: CAMPAIGN PRINTING MATERIALS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/28/2022 Date	\$ 133.56
Expenditure #3 Name AMERICAN GRAPHICS PRINTING CO Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: CAMPAIGN FLYERS AND SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/03/2022 Date	\$ 2,721.43
Expenditure #4 Name MICHIGAN DEMOCRATIC PARTY Address 606 TOWNSEND ST LANSING, MI 48933 ☐ Fund Raiser	Purpose: VAN ACCESS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/13/2022 Date	\$ 75.00
Expenditure #5 Name UNITED STATES POST OFFICE Address 30550 GRATIOT AVE ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: POSTAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/14/2022 Date	\$ 240.00

Subtotal this page **3,518.73**

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 **137369**
2. Committee Name **CTE KENNETH A. PEARL**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name AMERICAN GRAPHICS PRINTING CO Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: CAMPAIGN MAILER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/21/2022 Date	\$ 2,146.81
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
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 **2,146.81**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **6,821.35**

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Summary Page