



FILED

14 NOV 2022 PM 12:35

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: 07/24/2022 to 10/23/2022

1. Committee I.D. Number

140253

4. Candidate Last Name First Name M.I.

WALKER DONTAE D

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

TRUSTEE, MOUNT CLEMENS SD

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

2. Committee Name

CTE DONTAE WALKER

5. Committee's Mailing Address

**163 NORTH RIVER COURT
MOUNT CLEMENS, MI 48043**

Area Code and Phone (586) 630-1981
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

**DONTAE D WALKER
163 NORTH RIVER COURT
MOUNT CLEMENS, MI 48043**

Area Code & Phone (586) 630-1981

7. Treasurer's Business Address

**163 NORTH RIVER COURT
MOUNT CLEMENS, MI 48043**

Area Code and Phone (586) 630-1981

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

11/14/2022

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

11/14/2022



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140253
2. Committee Name CTE DONTAE WALKER

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>09/27/2022</u>	
Name & Address: EDUPAC1 38550 GARFIELD RD SUITE B CLINTON TWP, MI 48038		\$ <u>1,000.00</u>	\$ <u>1,000.00</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>09/28/2022</u>	
Name & Address: REOLA HAMMOND 17325 SPRENGER AVE EASTPOINTE, MI 48021		\$ <u>12.50</u>	\$ <u>12.50</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>09/29/2022</u>	
Name & Address: MICHELLE DEBEAUSSAERT 39856 BRYLOR CT CLINTON TWP, MI 48038		\$ <u>15.00</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>10/05/2022</u>	
Name & Address: LAURA KROPP 15 BELLEVIEW ST MT CLEMENS, MI 48043		\$ <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 1,077.50

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

Enter this total on
line 3a of Summary
Page.