



FILED

24 JUL 2023 PM 12:33

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: 03/21/2023 to 07/23/2023

1. Committee I.D. Number

140267

4. Candidate Last Name First Name M.I.

HALL-RAYFORD MARY M

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

MAYOR, EASTPOINTE

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

2. Committee Name

CTE MARY HALL-RAYFORD

5. Committee's Mailing Address

**17101 VERONICA AVENUE
EASTPOINTE, MI 48021**

Area Code and Phone (586) 436-3790
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

**PATRICIA HOGAN
24725 LAMBRECHT
EASTPOINTE, MI 48021**

Area Code & Phone (586) 822-0057

7. Treasurer's Business Address

**24725 LAMBRECHT
EASTPOINTE, MI 48021**

Area Code and Phone (586) 822-0057

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

**PATRICIA HOGAN
24725 LAMBRECHT
EASTPOINTE, MI 48021**

Area Code and Phone (586) 822-0057

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

08/08/2023

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

07/24/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/24/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140267

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE MARY HALL-RAYFORD

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>3,256.07</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>3,256.07</u>	(18.) \$ <u>3,256.07</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>3,256.07</u>	(20.) \$ <u>3,256.07</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>500.00</u>	(21.) \$ <u>500.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>3,004.56</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>3,004.56</u>	(23.) \$ <u>3,004.56</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>100.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>3,256.07</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>3,256.07</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>3,004.56</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>251.51</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140267
2. Committee Name CTE MARY HALL-RAYFORD

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>03/29/2023</u>	
Name & Address: DANIEL HOGAN 24725 LAMBRECHT AVE EASTPOINTE, MI 48021		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/29/2023</u>	
Name & Address: PATRICIA HOGAN 24725 LAMBRECHT AVE EASTPOINTE, MI 48021		\$ <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>03/29/2023</u>	
Name & Address: MARY HALL-RAYFORD 17101 VERONICA AVE EASTPOINTE, MI 48021		\$ <u>95.00</u>	\$ <u>95.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BOARD MEMBER</u> Employer <u>EASTPOINTE COMMUNITY SCHOOLS</u> Business Address <u>EASTPOINTE COMMUNITY SCHOOLS, 15501 COUZENS, Eastpointe, MI 48021</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/31/2023</u>	
Name & Address: SHARP EDGE TAX SOLUTIONS 21763 NEVADA AVE EASTPOINTE, MI 48021		\$ <u>105.84</u>	\$ <u>105.84</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 225.84

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 140267
2. Committee Name CTE MARY HALL-RAYFORD

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>03/31/2023</u>	
Name & Address: SHARP EDGE TAX SOLUTIONS 21763 NEVADA AVE EASTPOINTE, MI 48021		\$ <u>10.00</u>	\$ <u>115.84</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>04/06/2023</u>	
Name & Address: CHERYL KIROUAC 21517 RAVEN AVE EASTPOINTE, MI 48021		\$ <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>04/09/2023</u>	
Name & Address: GARY SASEK 23796 ROXANA AVE EASTPOINTE, MI 48021		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/12/2023</u>	
Name & Address: DIANE YOUNG 13250 IRVINGTON DR WARREN, MI 48088		\$ <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 **185.00**

Grand Total of All Schedules 1A
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Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140267
2. Committee Name CTE MARY HALL-RAYFORD

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>04/13/2023</u>	
Name & Address: PEGGY PHILLIPS 24634 WILLOWBY AVE EASTPOINTE, MI 48021		\$ <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>04/19/2023</u>	
Name & Address: KENNETH GILMAN 154 SWAMP RD EAST HAMPTON, NY 11937		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/19/2023</u>	
Name & Address: NANCY MROCZKOWSKI 1800 LOTUS AVE SE GRAND RAPIDS, MI 49506		\$ <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>04/25/2023</u>	
Name & Address: KEVIN GAUGHEN PO BOX 1517 MECHANICSBURG, PA 17055		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE BROKER</u> Employer <u>GAUGHEN HOME REALTY</u> Business Address <u>116 S. THIRD ST., LEMOYNE, PA 17043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **810.00**

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

1. Committee I.D. Number 140267
2. Committee Name CTE MARY HALL-RAYFORD

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/28/2023</u>	
Name & Address: SEAN HOGAN 23103 AVON 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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/28/2023</u>	
Name & Address: DEBBY THREATT 20840 DUNS SCOTUS ST SOUTHFIELD, MI 48075		\$ <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>04/28/2023</u>	
Name & Address: TWYLA CRUMPLER 20004 PARKSIDE ST ST CLAIR SHORES, MI 48080		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SPECIAL PROGRAMS LIASION</u> Employer <u>EASTPOINTE COMMUNITY SCHOOLS</u> Business Address <u>15501 COUZENS AVE, EASTPOINTE, MI 48021</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/28/2023</u>	
Name & Address: ALAN FISK 20004 PARKSIDE ST ST CLAIR SHORES, MI 48080		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 325.00

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

1. Committee I.D. Number 140267
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/28/2023</u>	
Name & Address: MARY JOZWIAK 25721 LEACH ST ROSEVILLE, MI 48066		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/28/2023</u>	
Name & Address: PEGGY PHILLIPS 24634 WILLOWBY AVE EASTPOINTE, MI 48021		\$ <u>20.00</u>	\$ <u>70.00</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>04/28/2023</u>	
Name & Address: GARY MIRON 22370 HAYES AVE EASTPOINTE, MI 48021		\$ <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>04/28/2023</u>	
Name & Address: GLORIA LOPEZ 17140 VERONICA AVE EASTPOINTE, MI 48021		\$ <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			

Page Subtotal 265.00

Grand Total of All Schedules 1A
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2. Committee Name CTE MARY HALL-RAYFORD

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>04/28/2023</u>	
Name & Address: THOMAS ROMEO 24709 LAMBRECHT AVE EASTPOINTE, MI 48021		\$ <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>04/28/2023</u>	
Name & Address: RICHARD MILD 24671 BRITTANY AVE EASTPOINTE, MI 48021		\$ <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>04/28/2023</u>	
Name & Address: PAM CLARK 4649 E THIRTEEN MILE RD WARREN, MI 48092		\$ <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>04/28/2023</u>	
Name & Address: DANIEL HOGAN 24725 LAMBRECHT AVE EASTPOINTE, MI 48021		\$ <u>20.00</u>	\$ <u>30.00</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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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/28/2023</u> Name & Address: MARY ANN FRONIMOS 17031 SPRENGER AVE EASTPOINTE, MI 48021		\$ <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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/28/2023</u> Name & Address: REOLA HAMMOND 17325 SPRENGER AVE EASTPOINTE, MI 48021		\$ <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>04/28/2023</u> Name & Address: KAREN BELZ 23006 ALMOND AVE EASTPOINTE, MI 48021		\$ <u>120.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/29/2023</u> Name & Address: SARAH LUCIDO 19032 SPINDLER AVE EASTPOINTE, MI 48021		\$ <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			

Page Subtotal 205.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 140267
2. Committee Name CTE MARY HALL-RAYFORD

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>05/11/2023</u>	
Name & Address: GARY MIRON 22370 HAYES AVE EASTPOINTE, MI 48021		\$ <u>100.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/14/2023</u>	
Name & Address: TENSLEY HENDERSON 26147 SHIAWASSEE ST SOUTHFIELD, MI 48033		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/23/2023</u>	
Name & Address: CHARLENE BERRY 2034 VALLEY SPRING TRAIL KATY, TX 77449		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/07/2023</u>	
Name & Address: RICHARD MILD 24671 BRITTANY AVE EASTPOINTE, MI 48021		\$ <u>25.00</u>	\$ <u>45.00</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 **525.00**

Grand Total of All Schedules 1A
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1. Committee I.D. Number 140267
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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>06/08/2023</u>	
Name & Address: MICHAEL COLLINS 22005 DAVID AVE EASTPOINTE, MI 48021		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/10/2023</u>	
Name & Address: SARAH LUCIDO 19032 SPINDLER AVE EASTPOINTE, MI 48021		\$ <u>50.00</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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/10/2023</u>	
Name & Address: SUSAN FANCETT 24858 VALLEY AVE EASTPOINTE, MI 48021		\$ <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>06/10/2023</u>	
Name & Address: JENNIFER CZUCHAJ 21808 PIPER AVE EASTPOINTE, MI 48021		\$ <u>26.25</u>	\$ <u>26.25</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 **151.25**

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 140267
2. Committee Name CTE MARY HALL-RAYFORD

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>06/16/2023</u>	
Name & Address: ANNE CRANE 1937 STANHOPE ST GROSSE POINTE WOODS, MI 48236		\$ <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>06/17/2023</u>	
Name & Address: COLLEEN AVERY 16554 EGO AVE EASTPOINTE, MI 48021		\$ <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>06/17/2023</u>	
Name & Address: PEGGY PHILLIPS 24634 WILLOWBY AVE EASTPOINTE, MI 48021		\$ <u>10.00</u>	\$ <u>80.00</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>06/18/2023</u>	
Name & Address: JONATHAN MCLEOD 23051 TUSCANY AVE EASTPOINTE, MI 48021		\$ <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 **135.00**

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 140267
2. Committee Name CTE MARY HALL-RAYFORD

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>06/21/2023</u>	
Name & Address: CINDY FEDERLE 15338 VERONICA AVE EASTPOINTE, MI 48021		\$ <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>07/08/2023</u>	
Name & Address: MARY HALL-RAYFORD 17101 VERONICA AVE EASTPOINTE, MI 48021		\$ <u>100.00</u>	\$ <u>195.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BOARD MEMBER</u> Employer <u>EASTPOINTE COMMUNITY SCHOOLS</u> Business Address <u>23200 GRATIOT AVE, EASTPOINTE, MI 48021</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/08/2023</u>	
Name & Address: TYRONE RAYFORD 17101 VERONICA AVE EASTPOINTE, MI 48021		\$ <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>07/08/2023</u>	
Name & Address: FELICIA JOHNSON 26000 S KNOLLWOOD 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			

Page Subtotal **165.00**

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 140267
2. Committee Name CTE MARY HALL-RAYFORD

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>07/08/2023</u>	
Name & Address: FELICIA JOHNSON 26000 S KNOLLWOOD DR NEW BALTIMORE, MI 48051		\$ <u>5.00</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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/08/2023</u>	
Name & Address: STEVEN TERLESCKI 16435 E 9 MILE RD EASTPOINTE, MI 48021		\$ <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>07/08/2023</u>	
Name & Address: STEVEN TERLESCKI 16435 E 9 MILE RD EASTPOINTE, MI 48021		\$ <u>5.00</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>07/10/2023</u>	
Name & Address: CRAIG WODECKI 17640 COLLINSON AVE EASTPOINTE, MI 48021		\$ <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 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 140267
2. Committee Name CTE MARY HALL-RAYFORD

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>07/10/2023</u>	
Name & Address: DONALD FLEISCHMANN 22807 LINWOOD EASTPOINTE, MI 48021		\$ <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>07/10/2023</u>	
Name & Address: DONALD FLEISCHMANN 22807 LINWOOD EASTPOINTE, MI 48021		\$ <u>51.99</u>	\$ <u>103.98</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> 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

103.98

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

3,256.07

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 140267
2. Committee Name CTE MARY HALL-RAYFORD

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: SHELLY CIOPPA 21763 NEVADA AVE EASTPOINTE, MI 48021 If over \$100.00 cumulative, please provide: Occupation: ACCOUNTANT Employer Name & Business Address: SHARP EDGE TAX SOLUTIONS 21763 NEVADA AVE, EASTPOINTE, MI 48021 ☐ Fund Raiser Contribution	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 FOOD 5. Date Of Receipt: 04/28/2023 6. Vendor Name & Address:	\$ 200.00	\$ 200.00
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: VFW 17645 E 9 MILE RD EASTPOINTE, MI 48021 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	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 DONATED FACILITY 5. Date Of Receipt: 04/28/2023 6. Vendor Name & Address:	\$ 200.00	\$ 200.00
Contribution #3 PAC Receipt? ☐ Yes Name & Address: DEANNA ROMEO 24709 LAMBRECHT AVE EASTPOINTE, MI 48021 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Address: ☐ Fund Raiser Contribution	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 DESSERTS 5. Date Of Receipt: 04/28/2023 6. Vendor Name & Address:	\$ 100.00	\$ 100.00

Page Subtotal **500.00** **500.00**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **500.00**

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140267
2. Committee Name CTE MARY HALL-RAYFORD

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 Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: <u>PRINTING FLYERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/16/2023</u> Date	\$ <u>761.08</u>
Expenditure #2 Name CAMPAIGN PARTNER Address PO BOX 118 STILLRIVER, MA 01467 ☐ Fund Raiser	Purpose: <u>CAMPAIGN WEBSITE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/19/2023</u> Date	\$ <u>29.00</u>
Expenditure #3 Name USPS Address 22430 GRATIOT AVE EASTPOINTE, MI 48021 ☐ Fund Raiser	Purpose: <u>POSTAGE STAMPS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/22/2023</u> Date	\$ <u>63.00</u>
Expenditure #4 Name SIGNS 365 Address 51245 FILOMENA DR SHELBY TWP, MI 48315 ☐ Fund Raiser	Purpose: <u>YARD SIGNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/24/2023</u> Date	\$ <u>561.16</u>
Expenditure #5 Name RECREATION AUTHORITY Address 18185 SYCAMORE ST ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: <u>PARK FACILITY FEE FOR FUNDRAISER ON 6/10/23</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/26/2023</u> Date	\$ <u>152.50</u>

Subtotal this page

1,566.74

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 **140267**
2. Committee Name **CTE MARY HALL-RAYFORD**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name THOMAS ROMEO Address 24709 LAMBRECHT AVE EASTPOINTE, MI 48021 ☐ Fund Raiser	Purpose: SIGNAGE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/26/2023 Date	\$ 140.00
Expenditure #2 Name OFFICE DEPOT Address 19001 E 9 MILE RD EASTPOINTE, MI 48021 ☐ Fund Raiser	Purpose: OFFICE SUPPLIES - ADDRESS LABELS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/27/2023 Date	\$ 86.69
Expenditure #3 Name VFW Address 17645 E 9 MILE RD EASTPOINTE, MI 48021 ☐ Fund Raiser	Purpose: FEE FOR USE OF VFW - VENDOR SPACE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/14/2023 Date	\$ 25.00
Expenditure #4 Name COMMUNITY CHOICE CREDIT UNION Address 16345 E 9 MILE RD EASTPOINTE, MI 48021 ☐ Fund Raiser	Purpose: MONEY ORDER FEE - VFW ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/14/2023 Date	\$ 2.00
Expenditure #5 Name CAMPAIGN PARTNER Address PO BOX 118 STILLRIVER, MA 01467 ☐ Fund Raiser	Purpose: CAMPAIGN WEBSITE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/19/2023 Date	\$ 29.00

Subtotal this page

282.69

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 140267
2. Committee Name CTE MARY HALL-RAYFORD

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SIGNS 365 Address 51245 FILOMENA DR SHELBY TWP, MI 48315 ☐ Fund Raiser	Purpose: <u>SIGNS/PRINTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/23/2023</u> Date	\$ <u>143.10</u>
Expenditure #2 Name THOMAS ROMEO Address 24709 LAMBRECHT AVE EASTPOINTE, MI 48021 ☐ Fund Raiser	Purpose: <u>SIGNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/23/2023</u> Date	\$ <u>70.00</u>
Expenditure #3 Name USPS - SHELLY Address 22430 GRATIOT AVE EASTPOINTE, MI 48021 ☐ Fund Raiser	Purpose: <u>POSTAGE/MAIL BULK</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/08/2023</u> Date	\$ <u>744.06</u>
Expenditure #4 Name COMMUNITY CHOICE CREDIT UNION Address 16345 E 9 MILE RD EASTPOINTE, MI 48021 ☐ Fund Raiser	Purpose: <u>MONEY ORDER FEE FOR BULK MAILING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/08/2023</u> Date	\$ <u>2.00</u>
Expenditure #5 Name GFS Address 34300 GRATIOT AVE CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: <u>FOOD/PAPER SUPPLIES FOR FUNDRAISER - 6/10/23</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/09/2023</u> Date	\$ <u>112.27</u>

Subtotal this page **1,071.43**
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 140267
2. Committee Name CTE MARY HALL-RAYFORD

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CAMPAIGN PARTNER Address PO BOX 118 STILLRIVER, MA 01467 ☐ Fund Raiser	Purpose: <u>CAMPAIGN WEBSITE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/19/2023</u> Date	\$ <u>29.00</u>
Expenditure #2 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>07/21/2023</u> Date	\$ <u>54.70</u>
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
	Click Here for Memo Itemization Type		
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
	Click Here for Memo Itemization Type		
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
	Click Here for Memo Itemization Type		

Subtotal this page	83.70
Grand Total of all Schedules 1B (Complete on last page of Schedule)	3,004.56

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140267
2. Committee Name CTE MARY HALL-RAYFORD

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee **OR** b. ☒ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: MARY HALL-RAYFORD 17101 VERONICA AVE EASTPOINTE, MI 48021	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/08/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>100.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>100.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

100.00

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

100.00

Enter this total
on line 12a "owed
by" or line 12b
"owed to" of the
Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **140267**
2. Committee Name **CTE MARY HALL-RAYFORD**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 04/28/2023	4. Number of Individuals Attending or Participating (whichever is greater) 26	5. Type of Fund Raising Activity MEET AND GREET/HORS D'OEUVRES	6. Address and Name (If any) of the place where the activity was held. VFW 17645 E 9 MILE RD ☐ EASTPOINTE, MI 48021 Private Residence
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7. Total Contributions **850.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **850.00**
10. Total Cost of Event **500.00**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **140267**
2. Committee Name **CTE MARY HALL-RAYFORD**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 06/10/2023	4. Number of Individuals Attending or Participating (whichever is greater) 16	5. Type of Fund Raising Activity MEET AND GREET/HOT DOGS	6. Address and Name (If any) of the place where the activity was held. SPINDLER PARK 19400 STEPHENS RD EASTPOINTE, MI 48021 ☐ Private Residence
---	---	---	---

7. Total Contributions **150.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **150.00**
10. Total Cost of Event **289.27**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.