



FILED

28 JUL 2023 PM 01:26

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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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: 04/25/2023 to 07/23/2023

1. Committee I.D. Number

140304

4. Candidate Last Name

HOWARD

First Name

MICHAEL

M.I.

2. Committee Name

CTE MICHAEL HOWARD

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

COUNCIL DISTRICT 2, WARREN

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

5. Committee's Mailing Address

**23725 BEIERMAN AVENUE
WARREN, MI 48091**

Area Code and Phone (586) 213-3197
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

**GEORGE AUGUST CHAPP
4753 STILWELL DRIVE
WARREN, MI 48092**

Area Code & Phone (586) 213-3197

7. Treasurer's Business Address

**4753 STILWELL DRIVE
WARREN, MI 48092**

Area Code and Phone (586) 213-3197

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

08/08/2023

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

07/28/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/28/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140304

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE MICHAEL HOWARD

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>7,375.58</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>7,375.58</u>	(18.) \$ <u>7,375.58</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>7,375.58</u>	(20.) \$ <u>7,375.58</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>7,313.51</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>7,313.51</u>	(23.) \$ <u>7,313.51</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>1,000.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>7,375.58</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>7,375.58</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>7,313.51</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>62.07</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140304
2. Committee Name CTE MICHAEL HOWARD

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>05/03/2023</u> Name & Address: MICHAEL HOWARD 23725 BEIERMAN AVE WARREN, MI 48091		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FOUNDER & CEO</u> Employer <u>HOWARD FAMILY DESIGNS</u> Business Address <u>23725 BEIERMAN AVE, WARREN, MI 48091</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/10/2023</u> Name & Address: GEORGE BARNES 30980 WENDBROOK LN BEVERLY HILLS, MI 48025		\$ <u>1,200.00</u>	\$ <u>1,200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO PRESIDENT</u> Employer <u>HERITAGE OPTICAL CENTER, INC.</u> Business Address <u>19010 LIVERNOIS, DETROIT, MI 48221</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/15/2023</u> Name & Address: SUSAN DILIBERTI 41202 WORTHINGTON CLINTON TWP, MI 48038		\$ <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>05/18/2023</u> Name & Address: SHANNON KING RUGOSA 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			

Page Subtotal **1,825.00**

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 140304
2. Committee Name CTE MICHAEL HOWARD

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>05/19/2023</u>	
Name & Address: SHAWN SHACKELFORD 17661 MAISONS DR CLINTON TWP, MI 48038		\$ <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>05/24/2023</u>	
Name & Address: SAMUEL GREENE 2426 MCCLINTOCK RD CHARLOTTE, NC 28205		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EMERGENCY ADVISOR</u> Employer <u>CONCENTRIX</u> Business Address <u>10101 CLAUDE FREEMAN DR, CHARLOTTE, NC 28262</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/24/2023</u>	
Name & Address: MATT CHAPMAN 1002 COLLINS DR WAUKEE, IA 50263		\$ <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>05/25/2023</u>	
Name & Address: HENRY L NEWNAN III 27156 GAIL DR WARREN, MI 48093		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 725.00

Grand Total of All Schedules 1A
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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140304
2. Committee Name CTE MICHAEL HOWARD

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>05/26/2023</u>	
Name & Address: MCKINNEY JERRY 21825 CURIE AVE WARREN, MI 48091		\$ <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: MICHAEL HOWARD 23725 BEIERMAN AVE WARREN, MI 48091		\$ <u>500.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FOUNDER & CEO</u> Employer <u>HOWARD FAMILY DESIGNS</u> Business Address <u>23725 BEIERMAN AVE, WARREN, MI 48091</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/12/2023</u>	
Name & Address: SPENCER CALHOUN 27 VALLEY DR MT CLEMENS, MI 48043		\$ <u>1.00</u>	\$ <u>1.00</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>06/14/2023</u>	
Name & Address: TONY CIMMARRUSTI 130 LOTHROP RD GROSSE POINTE FARMS, MI 48236		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FOUNDER & CEO</u> Employer <u>MAJESTIC CAPITAL MANAGEMENT LLC</u> Business Address <u>21 KERCHEVAL AVE, GROSSE POINTE FARMS, MI 48236</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 776.00

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

1. Committee I.D. Number 140304
2. Committee Name CTE MICHAEL HOWARD

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: GEORGE-MICHAEL HIGGINS 18331 BREEZEWAY FRASER, MI 48026		\$ <u>99.00</u>	\$ <u>99.00</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: LAURIE GERALDS 299 SONIA AVE MADISON HEIGHTS, MI 48071		\$ <u>45.00</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			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/19/2023</u> Name & Address: SHAWN SHACKELFORD 17661 MAISONS DR CLINTON TWP, MI 48038		\$ <u>25.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>PORT HURON AREA SCHOOL DISTRICT</u> Business Address <u>2720 RIVERSIDE DR, PORT HURON, MI 48060</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/21/2023</u> Name & Address: NICHOLAS BORING II 995 CLAY HAMMOND RD PRINCE FREDERICK, MD 20678		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>NICHOLAS BORING II</u> Business Address <u>995 CLAY HAMMOND RD, PRINCE FREDERICK, MD 20678</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **669.00**

Grand Total of All Schedules 1A
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1. Committee I.D. Number 140304
2. Committee Name CTE MICHAEL HOWARD

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/21/2023</u>	
Name & Address: CURTISS OSTOSH 8204 E 9 MILE RD WARREN, MI 48089		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PASTOR</u> Employer <u>HARVEST TIME CHRISTIAN FELLOWSHIP</u> Business Address <u>8204 E 9 MILE RD, WARREN, MI 48089</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/21/2023</u>	
Name & Address: ARTZ LAURA 3069 TUXEDO DR WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</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>06/22/2023</u>	
Name & Address: HENRY YANEZ 14052 BERY DR STERLING HEIGHTS, MI 48312		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>LEGISLATOR</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>124 N CAPITOL AVE, LANSING, MI 48933</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/23/2023</u>	
Name & Address: MYLES MILLER P. O. BOX 47460 OAK PARK, MI 48237		\$ <u>30.00</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 280.00

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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>06/23/2023</u> Name & Address: ANTONIO TONEY 36429 DOMINION CIR STERLING HEIGHTS, MI 48310		\$ <u>45.00</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			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/24/2023</u> Name & Address: JEFFERY JOHNSON 2905 KENNETH ST MEMPHIS, TN 38128		\$ <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>06/24/2023</u> Name & Address: JOEL RUTHERFORD 5683 STORROW CT WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEST DRIVER-EVALUATOR</u> Employer <u>PERFORMANCE DRIVEN WORKFORCE</u> Business Address <u>22226 GARRISON ST, DEARBORN, MI 48124</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/24/2023</u> Name & Address: CURTISS OSTOSH 8204 E 9 MILE RD WARREN, MI 48089		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PASTOR</u> Employer <u>HARVEST TIME CHRISTIAN FELLOWSHIP</u> Business Address <u>8204 E 9 MILE RD, WARREN, MI 48089</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 270.00

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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>06/25/2023</u>	
Name & Address: FAROOQI AISHA 34648 FONTANA DR STERLING HEIGHTS, MI 48312		\$ <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>06/27/2023</u>	
Name & Address: KENNETH NETHER 25523 BRANCHASTER RD FARMINGTON HILLS, MI 48336		\$ <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>06/27/2023</u>	
Name & Address: LADARRYL HARDY 41959 LA ROI DR NOVI, MI 48377		\$ <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>06/29/2023</u>	
Name & Address: LARRY LIPTON 2543 ESSEX LN BLOOMFIELD HILLS, MI 48304		\$ <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 **310.00**

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140304
2. Committee Name CTE MICHAEL HOWARD

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>06/29/2023</u>	
Name & Address: DEB MORSE 2193 OXFORD RD BERKLEY, MI 48072		\$ <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>06/30/2023</u>	
Name & Address: DONTAE WALKER 163 N RIVER CT 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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/01/2023</u>	
Name & Address: X. ALEXANDER DURDEN 1200 MISSISSIPPI AVE SE WASHINGTON, DC 20032		\$ <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>07/02/2023</u>	
Name & Address: SAMUEL GREENE 2426 MCCLINTOCK RD CHARLOTTE, NC 28205		\$ <u>50.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EMERGENCY ADVISOR</u> Employer <u>CONCENTRIX</u> Business Address <u>10101 CLAUDE FREEMAN DR, CHARLOTTE, NC 28262</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 170.00

Grand Total of All Schedules 1A
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SCHEDULE 1A
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1. Committee I.D. Number 140304
2. Committee Name CTE MICHAEL HOWARD

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>07/05/2023</u> Name & Address: TERENCE THOMAS 611 UNIVERSITY PL GROSSE POINTE, MI 48230		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>THOMAS GROUP</u> Business Address <u>28 W ADAMS AVE, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/06/2023</u> Name & Address: KYLE JOHNSON 4829 LA CHENE DR WARREN, MI 48092		\$ <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>07/07/2023</u> Name & Address: RICHARD W PREUSS 1478 BALDWIN ST DETROIT, MI 48214		\$ <u>400.58</u>	\$ <u>400.58</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>UNION BUSINESS AGENT</u> Employer <u>IBEW LOCAL 58</u> Business Address <u>1358 ABBOTT ST, DETROIT, MI 48216</u> 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: ALONDA WALKER 8005 TOWNSEND ST DETROIT, MI 48213		\$ <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 700.58

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 140304
2. Committee Name CTE MICHAEL HOWARD

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: INTERNATIONAL PAINTERS UNION AND ALLIED TRADES 14587 BARBER AVE WARREN, MI 48088 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/08/2023</u> Name & Address: DIMERE RUTLEDGE 7579 E ROBINWOOD ST DETROIT, MI 48234 5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>PTI QUALITY CONTAINMENT SOLUTIONS LLC</u> Business Address <u>18615 SHERWOOD ST, DETROIT, MI 48234</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>200.00</u>	\$ <u>200.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/09/2023</u> Name & Address: RONALD HALL 210 DEVON RD BLOOMFIELD TWP, MI 48302 5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>BRIDGEWATER INTERIORS LLC</u> Business Address <u>210 DEVON RD, BLOOMFIELD TWP, MI 48302</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>250.00</u>	\$ <u>250.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>07/09/2023</u> Name & Address: BERNARD MORGAN 3881 HIGH GROVE WAY ORION TWP, MI 48360 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>

Page Subtotal **800.00**

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 140304
2. Committee Name CTE MICHAEL HOWARD

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>07/09/2023</u>	
Name & Address: CURTISS OSTOSH 8204 E 9 MILE RD WARREN, MI 48089		\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PASTOR</u> Employer <u>HARVEST TIME CHRISTIAN FELLOWSHIP</u> Business Address <u>8204 E 9 MILE RD, WARREN, MI 48089</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/16/2023</u>	
Name & Address: CLIFFORD CLARK 18428 PENNINGTON DR DETROIT, MI 48221		\$ <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>07/17/2023</u>	
Name & Address: THELMA BARNES 30980 WENDBROOK LN BEVERLY HILLS, MI 48025		\$ <u>600.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</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>07/19/2023</u>	
Name & Address: SHAWN SHACKELFORD 17661 MAISONS DR CLINTON TWP, MI 48038		\$ <u>25.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>PORT HURON AREA SCHOOL DISTRICT</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 750.00

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 140304
2. Committee Name CTE MICHAEL HOWARD

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>07/20/2023</u> Name & Address: BERTON BROWN 603 E MICHIGAN AVE LANSING, MI 48912		\$ <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 _____ 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 # 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 **100.00**

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

7,375.58

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140304**

CANDIDATE COMMITTEE

2. Committee Name **CTE MICHAEL HOWARD**

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: SHANIA CHEHAB 45787 KENSINGTON ST UTICA, MI 48317 If over \$100.00 cumulative, please provide: Occupation: DESIGNER Employer Name & Business Address: SHANIA CHEHAB 45787 KENSINGTON ST, UTICA, MI 48317 ☐ 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 DESIGN WORK FOR MAILER 5. Date Of Receipt: 06/13/2023 6. Vendor Name & Address: SHANIA CHEHAB 45787 KENSINGTON ST, UTICA, MI 48317	\$ 500.00	\$ 500.00
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: 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 5. Date Of Receipt: 6. Vendor Name & Address:	\$	\$
Contribution #3 PAC Receipt? ☐ Yes Name & Address: 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 5. Date Of Receipt: 6. Vendor Name & Address:	\$	\$

[Click Here for Memo Itemization](#)

[Click Here for Memo Itemization](#)

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 140304
2. Committee Name CTE MICHAEL HOWARD

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ALLIED UNION SERVICES Address 240 N FENWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: <u>STICKERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/17/2023</u> Date	\$ <u>143.67</u>
Expenditure #2 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: <u>BAG FOR LIT AND POST IT NOTES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/25/2023</u> Date	\$ <u>22.08</u>
Expenditure #3 Name ALLIED UNION SERVICES Address 240 N FENWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: <u>LIT AND MAILER OVERRUN</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/26/2023</u> Date	\$ <u>2,900.00</u>
Expenditure #4 Name ALLIED UNION SERVICES Address 240 N FENWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: <u>GOTV MLK CARDS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/17/2023</u> Date	\$ <u>234.52</u>
Expenditure #5 Name ALLIED UNION SERVICES Address 240 N FENWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: <u>SECOND MAILER AND POSTAGE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/19/2023</u> Date	\$ <u>3,888.75</u>

Subtotal this page **7,189.02**
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 140304
2. Committee Name CTE MICHAEL HOWARD

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>ACTBLUE FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/19/2023</u> Date	\$ <u>43.93</u>
Expenditure #2 Name AMERICAN GRAPHICS Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: <u>FOURTH OF JULY AND FLAGS DAY CARDS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/20/2023</u> Date	\$ <u>80.56</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	124.49
Grand Total of all Schedules 1B (Complete on last page of Schedule)	7,313.51

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140304
2. Committee Name CTE MICHAEL HOWARD

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: MICHAEL HOWARD 23725 BEIERMAN AVE WARREN, MI 48091	4. Type: <u>LOAN TO CAMPAIGN</u> 5. <u>Date Debt Was Incurred:</u> <u>05/03/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>500.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>500.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: MICHAEL HOWARD 23725 BEIERMAN AVE WARREN, MI 48091	4. Type: <u>LOAN TO CAMPAIGN</u> 5. <u>Date Debt Was Incurred:</u> <u>06/10/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>500.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>500.00</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)

1,000.00

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

1,000.00

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.