

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONSCANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

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: <u>1/1/2023</u> To: <u>7/23/2023</u> Mo/Day/Year Mo/Day/Year	
1. Committee I.D. Number <u>139757</u>	4. Candidate Last Name First Name M.I. <u>MOORE</u> <u>MELINDA</u> <u>S</u>
2. Committee Name <u>CTE MINDY MOORE</u>	4a. Office Sought Including District # or Community Served if applicable: <u>WARREN CITY COUNCIL</u>
5. Committee's Mailing Address <u>11530 SHORT DRIVE</u> <u>WARREN</u> <u>MI</u> <u>48093</u> Area Code & Phone <u>586-977-3272</u> 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.	4b. County of Residence Driver License # (Optional) <u>MACOMB</u>
6. Treasurer's Name and Residential Address <u>FRANK SANTORO</u> <u>11530 SHORT DRIVE, WARREN, MI 48093</u> Area Code & Phone <u>586-977-3272</u> Driver License # (Optional) _____	
7. Treasurer's Business Address <u>3701 HAMLIN ROAD</u> <u>AUBURN HILLS, MI 48326</u> Area Code & Phone _____	8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper) <u>FRANK SANTORO</u> <u>11530 SHORT DRIVE, WARREN, MI 48093</u> Area Code & Phone <u>586-977-3272</u> Driver License # (Optional) _____
9. TYPE OF STATEMENT	
9a. ☒ Pre-Election OR 9b. ☐ Post-Election	9c. ☐ Annual Statement (_____ Coverage Year)
Pre-Election or Post-Election Statement relates to:	9d. ☐ Amendment to the Campaign Statement (Complete item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
☒ Primary ☐ General	9e. ☐ Dissolution of Candidate Committee
☐ Convention ☐ School	Effective Date of Dissolution
☐ Special ☐ Caucus	_____
Date of Election, Convention or Caucus <u>8/8/2023</u>	Month Day Year
Month Day Year	
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7 or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.	
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 Recordkeeper <u>FRANK SANTORO</u> Type or Print Name	<u>Frank Santoro</u> Date <u>7/23/23</u> Signature Mo/Day/Year
Candidate <u>MELINDA S MOORE</u> Type or Print Name	<u>Melinda S. Moore</u> Date <u>7/23/23</u> Signature Mo/Day/Year



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number 139757

2. Committee Name CTE MINDY MOORE

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2,175.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>Not Applicable</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2,175.00</u>	(18.) \$ <u>29,440.00</u>
4. Other Receipts (Schedule 1A-1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>100.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>2,175.00</u>	(20.) \$ <u>29,540.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>5,934.34</u>	(21.) \$ <u>13,008.82</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>717.81</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>717.81</u>	(23.) \$ <u>12,743.04</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. 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. Owned by the Committee (Schedule 1E)	(12a.) \$ <u>45,477.50</u>	
b. Owned 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>15,323.77</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2,175.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>17,498.77</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>717.81</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>16,780.96</u>	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.
All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757

2. Committee Name CTE MINDY MOORE

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 and Independent Committee. (PAC) Report all contributions from committees 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>3/24/2023</u> Name: MARGARET HUNTONE Address: 8479 TOWNE CENTER CIRCLE NORTH WARREN, MI 48093 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☐ Fund Raiser	100.00	100.00
3. Contribution # 2	PAC Receipt? ☐ YES 4. Date of Receipt <u>5/4/2023</u> Name: COMMITTEE FOR CAREN M. BURDI Address: 27299 BRADNER DRIVE WARREN, MI 48093 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☐ Fund Raiser	100.00	100.00
3. Contribution # 3	PAC Receipt? ☒ YES 4. Date of Receipt <u>5/26/2023</u> Name: RED AND BLUE PAC Address: 718 BERKSHIRE ROAD GROSSE POINTE PARK, MI 48230 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☐ Fund Raiser	500.00	500.00
3. Contribution # 4	PAC Receipt? ☐ YES 4. Date of Receipt <u>6/22/2023</u> Name: ZACHARY SANTORO Address: 31480 SCHOOLCRAFT FRASER, MI 48026 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a Person ☐ Fund Raiser	25.00	25.00

Page Subtotal

\$ 725.00

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

Enter this total on line
3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139757

2. Committee Name CTE MINDY MOORE

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 and Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 5 PAC Receipt? ☐ YES 4. Date of Receipt <u>6/25/2023</u> Name: <u>JIMMY ROGERS</u> Address: <u>3212 PORTAGE BAY PLACE EAST SEATTLE, WA 98102</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>LAW OFFICES OF JAMES ROGERS</u> Business Address <u>1500 4TH AVENUE SUITE 500 SEATTLE, WA 98101</u> Type of Contribution: ☒ Direct ☐ Loan from a Person ☐ Fund Raiser		250.00	250.00
3. Contribution # 6 PAC Receipt? ☐ YES 4. Date of Receipt <u>6/27/2023</u> Name: <u>GREGORY SUMA</u> Address: <u>24080 OLD KENT ROAD WARREN, MI 48091</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>DEPUTY TREASURER</u> Employer <u>CITY OF CENTERLINE</u> Business Address <u>7070 E. 10 MILE ROAD CENTERLINE, MI 48015</u> Type of Contribution: ☒ Direct ☐ Loan from a Person ☐ Fund Raiser		200.00	200.00
3. Contribution # 7 PAC Receipt? ☐ YES 4. Date of Receipt <u>7/5/2023</u> Name: <u>CHRISTINE SPAGNOLI</u> Address: <u>1303 HILL STREET SANTA MONICA, CA 90405</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>GREEN, BROILLET & WHEELER, LLP</u> Business Address <u>222 N. PACIFIC COAST HIGHWAY SUITE 2100 EL SEGUNDO, CA 90245</u> Type of Contribution: ☒ Direct ☐ Loan from a Person ☐ Fund Raiser		1,000.00	1,000.00
3. Contribution # 8 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		\$ 1,450.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		2,175.00	

Enter this total on line
3a of Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757

2. Committee Name CTE MINDY MOORE

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 all 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 (Though date in Item 5)
Contribution # 1 PAC Receipt? ☐ YES Name: MINDY MOORE Address: 11530 SHORT DRIVE WARREN, MI 48093 5. If over \$100.00 cumulative, please provide: Occupation CANDIDATE Employer Business 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 WALKING CARDS 5. Date of Receipt <u>5/18/2023</u> 6. Vendor Name & Address AMERICA GRAPHICS PRINTING 34895 GROESBECK HWY CLINTON TWP, MI 48035	977.16	16,415.74
Contribution # 2 PAC Receipt? ☐ YES Name: MINDY MOORE Address: 11530 SHORT DRIVE WARREN, MI 48093 5. If over \$100.00 cumulative, please provide: Occupation CANDIDATE Employer Business 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 WALKING CARDS 5. Date of Receipt <u>6/5/2023</u> 6. Vendor Name & Address AMERICA GRAPHICS PRINTING 34895 GROESBECK HWY CLINTON TWP, MI 48035	513.04	16,928.78
Contribution # 3 PAC Receipt? ☐ YES Name: MINDY MOORE Address: 11530 SHORT DRIVE WARREN, MI 48093 5. If over \$100.00 cumulative, please provide: Occupation CANDIDATE Employer Business 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 POSTCARD PRINTING 5. Date of Receipt <u>6/9/2023</u> 6. Vendor Name & Address VISTAPRINT 447 ADVANCE BVD TECUMSEH ON N8N5G8	116.26	17,045.04

Page Subtotal

1,606.46

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

Enter this total on
line 6 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757

2. Committee Name CTE MINDY MOORE

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 all 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 (Though date in Item 5)
Contribution # 4 PAC Receipt? ☐ YES Name: MINDY MOORE Address: 11530 SHORT DRIVE WARREN, MI 48093 5. If over \$100.00 cumulative, please provide: Occupation CANDIDATE Employer Business 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 POSTAGE STAMPS 5. Date of Receipt <u>6/16/2023</u> 6. Vendor Name & Address U.S. POST OFFICE 2844 LIVERNOIS TROY, MI 48099	48.00	17,093.04
Contribution # 5 PAC Receipt? ☐ YES Name: MINDY MOORE Address: 11530 SHORT DRIVE WARREN, MI 48093 5. If over \$100.00 cumulative, please provide: Occupation CANDIDATE Employer Business 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 PRINTING 5. Date of Receipt <u>7/5/2023</u> 6. Vendor Name & Address AMERICA GRAPHICS PRINTING 34895 GROESBECK HWY CLINTON TWP, MI 48035	2,846.10	19,939.14
Contribution # 6 PAC Receipt? ☐ YES Name: MINDY MOORE Address: 11530 SHORT DRIVE WARREN, MI 48093 5. If over \$100.00 cumulative, please provide: Occupation CANDIDATE Employer Business 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 T-SHIRTS 5. Date of Receipt <u>7/14/2023</u> 6. Vendor Name & Address CUSTOM INK 2910 DISTRICT AVE FAIRFAX, VA 22031	568.83	20,507.97

Page Subtotal

3,462.93

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

Enter this total on
line 6 of Summary
Page



**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757

2. Committee Name CTE MINDY MOORE

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 all 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 (Though date in Item 5)
Contribution # 7 PAC Receipt? ☐ YES Name: MINDY MOORE Address: 11530 SHORT DRIVE WARREN, MI 48093 5. If over \$100.00 cumulative, please provide: Occupation CANDIDATE Employer Business 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 KEYCHAINS 5. Date of Receipt <u>7/19/2023</u> 6. Vendor Name & Address VISTAPRINT 447 ADVANCE B;VD TECUMSEH, ON N8N5G8	864.95	21,372.92
Contribution # 8 PAC Receipt? ☐ YES Name: Address: 5. If over \$100.00 cumulative, please provide: Occupation Employer Business 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 # 9 PAC Receipt? ☐ YES Name: Address: 5. If over \$100.00 cumulative, please provide: Occupation Employer Business 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		

Page Subtotal

864.95

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

5,934.34

Enter this total on
line 6 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757

2. Committee Name CTE MINDY MOORE

3. Name and Address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 1 Name: ACTBLUE Address: PO BOX 441146 SOMERVILLE, MA 02144-0031 ☐ Fund Raiser	Purpose: SERVICE FEE Expenditure Code <u>CF</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement.	04/05/2023	1.50
Expenditure # 2 Name: VANTIV ECOMMERRCE Address: 150 NORTH MARTINGALE - SUITE 900 SCHAUMBURG, IL 60173 ☐ Fund Raiser	Purpose: SERVICE FEE Expenditure Code <u>CF</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement.	04/11/2023	2.74
Expenditure # 3 Name: VANTIV ECOMMERRCE Address: 150 NORTH MARTINGALE - SUITE 900 SCHAUMBURG, IL 60173 ☐ Fund Raiser	Purpose: SERVICE FEE Expenditure Code <u>CF</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement.	05/09/2023	0.50
Expenditure # 4 Name: RIGHT STRATEGIES, LLC Address: 2153 WEALTHY STREET SE SUITE 166 EAST GRAND RAPIDS, MI 49506 ☐ Fund Raiser	Purpose: VOTER DATA LIST Expenditure Code <u>CN</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement.	06/11/2023	150.00
Expenditure # 5 Name: ELITE PARKING SOLUTIONS Address: 31000 NORTHWESTERN HWY, SUITE L 140 FARMINGTON HILLS, MI 48334 ☐ Fund Raiser	Purpose: VALET PARKING Expenditure Code <u>NF</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement.	06/28/2023	550.00

Subtotal this page

704.74

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

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757

2. Committee Name CTE MINDY MOORE

3. Name and Address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 6 Name: ACTBLUE Address: PO BOX 441146 SOMERVILLE, MA 02144-0031 ☐ Fund Raiser	Purpose: SERVICE FEE Expenditure Code <u>CF</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement.	07/07/2023	4.13
Expenditure # 7 Name: VANTIV ECOMMERRCE Address: 150 NORTH MARTINGALE - SUITE 900 SCHAUMBURG, IL 60173 ☐ Fund Raiser	Purpose: SERVICE FEE Expenditure Code <u>CF</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement.	07/11/2023	8.94
Expenditure # 8 Name: Address: ☐ Fund Raiser	Purpose: Expenditure Code ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement.		0.00
Expenditure # 9 Name: Address: ☐ Fund Raiser	Purpose: Expenditure Code ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement.		0.00
Expenditure # 10 Name: Address: ☐ Fund Raiser	Purpose: Expenditure Code ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement.		0.00

Subtotal this page

13.07

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

717.81

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757

2. Committee Name CTE MINDY MOORE

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 guarantors, if any.	4. Type of Obligation. (Indicate type and you may assign an expenditure code) 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 minuse Item 8)
Debt #1 Owed to or by: MINDY MOORE 11530 SHORT DRIVE WARREN, MI 48093 If bank loan, name of endorser or guarantor:	4. Type: <u>LOAN</u> Code: <u>LO</u> 5. <u>Date Debt Was Incurred:</u> <u>5/6/2019</u> 6. <u>Original Amount of Debt:</u> \$ <u>5,000.00</u>		\$ <u>0.00</u>	\$ <u>5,000.00</u> ☐ FORGIVEN
Debt #2 Owed to or by: FRANK SANTORO 11530 SHORT DRIVE WARREN, MI If bank loan, name of endorser or guarantor:	4. Type: <u>LOAN</u> Code: <u>LO</u> 5. <u>Date Debt Was Incurred:</u> <u>6/8/2019</u> 6. <u>Original Amount of Debt:</u> \$ <u>600.00</u>		\$ <u>0.00</u>	\$ <u>600.00</u> ☐ FORGIVEN
Debt #3 Owed to or by: FRANK SANTORO 11530 SHORT DRIVE WARREN, MI 48093 If bank loan, name of endorser or guarantor:	4. Type: <u>IN-KIND LOANS</u> Code: <u></u> 5. <u>Date Debt Was Incurred:</u> <u>8/1/2019</u> 6. <u>Original Amount of Debt:</u> \$ <u>296.04</u>		\$ <u>0.00</u>	\$ <u>296.04</u> ☐ FORGIVEN

Page Subtotal (Outstanding debt)

5,896.04

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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.

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



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757

2. Committee Name CTE MINDY MOORE

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 guarantors, if any.	4. Type of Obligation. (Indicate type and you may assign an expenditure code) 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 minuse Item 8)
Debt #4 Corp? ☐ Yes Owed to or by: MINDY MOORE 11530 SHORT DRIVE WARREN, MI 48093 If bank loan, name of endorser or guarantor: _____	4. Type: <u>IN-KIND LOANS</u> Code: _____ 5. <u>Date Debt Was Incurred:</u> 8/1/2019 6. <u>Original Amount of Debt:</u> \$ 2,956.92	_____ _____ _____ _____ _____	\$ 0.00	\$ 2,956.92 ☐ FORGIVEN Amount Endorsed: \$ 0.00
Debt #5 Corp? ☐ Yes Owed to or by: MINDY MOORE 11530 SHORT DRIVE WARREN, MI 48093 If bank loan, name of endorser or guarantor: _____	4. Type: <u>IN-KIND LOANS</u> Code: _____ 5. <u>Date Debt Was Incurred:</u> 8/26/2019 6. <u>Original Amount of Debt:</u> \$ 348.06	_____ _____ _____ _____ _____	\$ 0.00	\$ 348.06 ☐ FORGIVEN Amount Endorsed: \$ 0.00
Debt #6 Corp? ☐ Yes Owed to or by: MINDY MOORE 11530 SHORT DRIVE WARREN, MI 48093 If bank loan, name of endorser or guarantor: _____	4. Type: <u>IN-KIND LOANS</u> Code: _____ 5. <u>Date Debt Was Incurred:</u> 10/20/2019 6. <u>Original Amount of Debt:</u> \$ 3,034.88	_____ _____ _____ _____ _____	\$ 0.00	\$ 3,034.88 ☐ FORGIVEN Amount Endorsed: \$ 0.00

Page Subtotal (Outstanding debt)

6,339.86

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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.

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



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757

2. Committee Name CTE MINDY MOORE

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 guarantors, if any.	4. Type of Obligation. (Indicate type and you may assign an expenditure code) 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 #7 Owed to or by: MINDY MOORE 11530 SHORT DRIVE WARREN, MI 48093 If bank loan, name of endorser or guarantor: _____	4. Type: <u>IN-KIND LOANS</u> Code: _____ 5. <u>Date Debt Was Incurred:</u> <u>12/10/2019</u> 6. <u>Original Amount of Debt:</u> \$ <u>438.58</u>		\$ <u>0.00</u>	\$ <u>438.58</u> ☐ FORGIVEN
			Amount Endorsed: \$ <u>0.00</u>	
Debt #8 Owed to or by: MINDY MOORE 11530 SHORT DRIVE WARREN, MI 48093 If bank loan, name of endorser or guarantor: _____	4. Type: <u>LOAN</u> Code: <u>LO</u> 5. <u>Date Debt Was Incurred:</u> <u>12/30/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>15,000.00</u>		\$ <u>0.00</u>	\$ <u>15,000.00</u> ☐ FORGIVEN
			Amount Endorsed: \$ _____	
Debt #9 Owed to or by: MINDY MOORE 11530 SHORT DRIVE WARREN, MI 48093 If bank loan, name of endorser or guarantor: _____	4. Type: <u>IN-KIND LOANS</u> Code: _____ 5. <u>Date Debt Was Incurred:</u> <u>7/23/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>5,934.34</u>		\$ <u>0.00</u>	\$ <u>5,934.34</u> ☐ FORGIVEN
			Amount Endorsed: \$ <u>0.00</u>	

Page Subtotal (Outstanding debt)

21,372.92

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

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



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139757

2. Committee Name CTE MINDY MOORE

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 guarantors, if any.	4. Type of Obligation. (Indicate type and you may assign an expenditure code) 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 minuse Item 8)
Debt #10 Corp? ☐ Yes Owed to or by: MINDY MOORE 11530 SHORT DRIVE WARREN, MI 48093	4. Type: <u>IN-KIND LOANS</u> Code: _____ 5. <u>Date Debt Was Incurred:</u> <u>7/23/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>5,934.34</u>	_____ _____ _____ _____	\$ <u>0.00</u>	\$ <u>5,934.34</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ <u>0.00</u>		
Debt #11 Corp? ☐ Yes Owed to or by: MINDY MOORE 11530 SHORT DRIVE WARREN, MI 48093	4. Type: <u>IN-KIND LOANS</u> Code: _____ 5. <u>Date Debt Was Incurred:</u> <u>7/23/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>5,934.34</u>	_____ _____ _____ _____	\$ <u>0.00</u>	\$ <u>5,934.34</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ <u>0.00</u>		
Debt #12 Corp? ☐ Yes Owed to or by: _____ _____ _____	4. Type: _____ Code: _____ 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)

11,868.68

Grand Total of all Schedules 1E

45,477.50

(Complete on last page of Schedule showing amounts owed by or to the committee)

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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