



FILED

25 JUL 2023 AM 07:23

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: 01/01/2023 to 07/20/2023

1. Committee I.D. Number

138903

4. Candidate Last Name

ELLIOTT

First Name

KATHLEEN

M.I.

V

2. Committee Name

CTE KATHY ELLIOTT

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

TREASURER, CHESTERFIELD TWP

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

5. Committee's Mailing Address

**27442 CLARK CIRCLE
CHESTERFIELD TWP, MI 48051**

6. Treasurer's Name & Residential Address

**KATHLEEN V ELLIOTT
27442 CLARK CIRCLE
CHESTERFIELD TWP, MI 48051**

Area Code and Phone (586) 690-2855

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.

Area Code & Phone (586) 690-2855

7. Treasurer's Business Address

**27442 CLARK CIRCLE
CHESTERFIELD TWP, MI 48051**

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

Area Code and Phone (586) 690-2855

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 (2023)
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

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 lates 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

07/25/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/25/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138903

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE KATHY ELLIOTT

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>9,775.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>9,775.00</u>	(18.) \$ <u>19,742.13</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>9,775.00</u>	(20.) \$ <u>19,742.13</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>2,267.75</u>	(21.) \$ <u>3,628.21</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>174.60</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>174.60</u>	(23.) \$ <u>179.60</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>12,195.34</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>60.24</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>9,775.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>9,835.24</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>174.60</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>9,660.64</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138903
2. Committee Name CTE KATHY ELLIOTT

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>04/01/2023</u>	
Name & Address: MISSY LANDENBERGER 31142 BLUE HERON DR NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</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>04/03/2023</u>	
Name & Address: BEN STONE 36176 OXFORD CT NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGEMENT</u> Employer <u>INDEPENDENT</u> Business Address <u>201 W BIG BEAVER RD, TROY, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/13/2023</u>	
Name & Address: KATHY REINHOLD 19247 BLACK OAKS DR MACOMB, MI 48044		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>SELF EMPLOYED</u> Business Address <u>19247 BLACK OAKS DR, MACOMB, MI 48044</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/20/2023</u>	
Name & Address: TONY J GALLO 6303 26 MILE RD WASHINGTON, MI 48094		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>GALLO COMPANIES</u> Business Address <u>6303 26 MILE RD, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 450.00

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

Enter this total on
line 3a of Summary
Page.



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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>04/22/2023</u>	
Name & Address: ROBERT LITTLE 14625 SHIRLEY AVE WARREN, MI 48089		\$ <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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/22/2023</u>	
Name & Address: SUE NELLIS 8400 MEISNER RD CASCO, MI 48064		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>COMPASSION</u> Business Address <u>37540 SOUTHBOUND GRATIOT AVE, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/26/2023</u>	
Name & Address: DEBBY WOLFE 5631 FLINCHBAUGH RD SMITHS CREEK, MI 48074		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMIN</u> Employer <u>BLUE WATER</u> Business Address <u>6326 LAPEER RD, NORTH STREET, MI 48049</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/27/2023</u>	
Name & Address: JASON GARVAN 29350 27 MILE RD NEW HAVEN, MI 48048		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGEMENT</u> Employer <u>BRS</u> Business Address <u>7711 AUBURN RD, UTICA, MI 48317</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/29/2023</u> Name & Address: JERRY SHO VAN 49515 NAUTICAL DR NEW BALTIMORE, MI 48047		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>ANYTIME</u> Business Address <u>6655 CHICAGO RD, WARREN, MI 48092</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>04/30/2023</u> Name & Address: LINDA TORP 38870 RYAN CT HARRISON TWP, MI 48045		\$ <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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/01/2023</u> Name & Address: ROGER LONSWAY 41800 PRUNUM DR STERLING HEIGHTS, MI 48314		\$ <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>05/01/2023</u> Name & Address: SUSAN EISENHARDT 68373 LAKE ANGELA DR RICHMOND, MI 48062		\$ <u>150.00</u>	\$ <u>150.00</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			

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/01/2023</u> Name & Address: DUANE VOSBURG 47395 SUGARBUSH RD NEW BALTIMORE, MI 48047		\$ <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>05/01/2023</u> Name & Address: KEITH RENGERT 34080 ARMADA RIDGE RD RICHMOND, MI 48062		\$ <u>25.00</u>	\$ <u>25.00</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>05/01/2023</u> Name & Address: MARK WORKENS 49750 GOULETTE POINTE DR NEW BALTIMORE, MI 48047		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>MORTGAGE 1 INC</u> Business Address <u>43456 MOUND RD, STERLING HEIGHTS, MI 48314</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/01/2023</u> Name & Address: LINDA BERTRAM 785 CANARY CIR FERNLEY, NV 89408		\$ <u>150.00</u>	\$ <u>150.00</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			

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/01/2023</u>	
Name & Address: KEITH PIONK 52732 LAUREL OAK LN NEW BALTIMORE, MI 48047		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>KMP</u> Business Address <u>35054 23 MILE RD STE. 114 PO BOX 235, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/01/2023</u>	
Name & Address: ROLA ZARIFE 32574 HEISNER AVE FRASER, MI 48026		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL</u> Employer <u>SELF</u> Business Address <u>32574 HEISNER AVE, FRASER, MI 48026</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/01/2023</u>	
Name & Address: ALLEN MERRIWETHER 52860 MUIRFIELD DR NEW BALTIMORE, MI 48051		\$ <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>05/01/2023</u>	
Name & Address: PHIL KRAFT 50127 WATERLOO NEW BALTIMORE, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMISSIONER</u> Employer <u>MACOMB</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/01/2023</u>	
Name & Address: STAVROS TOMA 47677 MILONAS DR SHELBY TWP, MI 48315		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>TOMA INVESTMENT</u> Business Address <u>19500 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/01/2023</u>	
Name & Address: DAVID HAUGHN 51658 HALE LN NEW BALTIMORE, MI 48051		\$ <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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/01/2023</u>	
Name & Address: GREG IACOBELLI 53639 CHRISTY DR NEW BALTIMORE, MI 48051		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>SELF</u> Business Address <u>53639 CHRISTY DR, NEW BALTIMORE, MI 48051</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/01/2023</u>	
Name & Address: JONATHAN VANDENBOSSCHE 39400 W ARCHER DR HARRISON TWP, MI 48045		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE</u> Employer <u>DAVIS-VANDENBOSSCHE AGENCY INC</u> Business Address <u>51180 BEDFORD ST, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/01/2023</u> Name & Address: AARON THOMAS 29102 BAY POINTE DR NEW BALTIMORE, MI 48047		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ELECTRICIAN</u> Employer <u>SELF</u> Business Address <u>29102 BAY POINTE DR, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/01/2023</u> Name & Address: GARY GENDERNALIK 52624 LAUREL OAK LN NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SHARP</u> Business Address <u>43260 GARFIELD RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/01/2023</u> Name & Address: PAM HORNBERGER 53611 KATARINA DR NEW BALTIMORE, MI 48051		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer _____ Business Address <u>53611 KATARINA DR, NEW BALTIMORE, MI 48051</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/01/2023</u> Name & Address: JOHN JOHNSON 48637 SHADY GLEN DR NEW BALTIMORE, MI 48051		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>SE MICHIGAN CHAMBER OF COMMERCE</u> Business Address <u>59 N WALNUT ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/01/2023</u>	
Name & Address: DON BROWN 6515 OLD COACH TRAIL WASHINGTON, MI 48094		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMISSIONER</u> Employer <u>MACOMB</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/01/2023</u>	
Name & Address: MARK ABRAHAM 44241 MACOMB INDUSTRIAL DR CLINTON TWP, MI 48036		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer _____ Business Address <u>44241 MACOMB INDUSTRIAL DR, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/01/2023</u>	
Name & Address: DREMA ISAAC 6129 MARINE CITY HWY MARINE CITY, MI 48039		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>FREESTAR</u> Business Address <u>47011 SUGARBUSH RD, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/01/2023</u>	
Name & Address: MARIO MACARI 37492 S DIANNE LN HURON TWP, MI 48164		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>VP</u> Employer <u>GT SCRAP RECYCLING</u> Business Address <u>48475 GRATIOT AVE, NEW BALTIMORE, MI 48051</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 600.00

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 138903
2. Committee Name CTE KATHY ELLIOTT

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>05/01/2023</u> Name & Address: LAWRENCE CAMPBELL 6690 VERNMOOR DR TROY, MI 48098		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>CENTURY 21</u> Business Address <u>1186 E 12 MILE RD, MADISON HEIGHTS, MI 48071</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/01/2023</u> Name & Address: NICHOLAS BENACQUISTO 2666 WINDEMERE RD BIRMINGHAM, MI 48009		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>GT EASTSIDE RECYCLING</u> Business Address <u>48475 GRATIOT AVE, NEW BALTIMORE, MI 48051</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/01/2023</u> Name & Address: MANDY GARMO 43623 ST IVES CT STERLING HEIGHTS, MI 48314		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE</u> Employer <u>LA INSURANCE</u> Business Address <u>400 HAMILTON ROW, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/01/2023</u> Name & Address: TIMOTHY DENHA 2595 HUNTERS BLUFF BLOOMFIELD HILLS, MI 48304		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CFO</u> Employer <u>ROYAL LIQUOR</u> Business Address <u>1703 E ELEVEN MILE RD, ROYAL OAK, MI 48067</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **850.00**

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 138903
2. Committee Name CTE KATHY ELLIOTT

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>05/01/2023</u>	
Name & Address: CHRIS BUNCH 2971 MOHAWK CIRCLE ROCHESTER, MI 48306		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>SIX RIVERS</u> Business Address <u>4480 ORION RD, ROCHESTER, MI 48306</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/01/2023</u>	
Name & Address: ALEXANDER KAPOUSIS 46692 JANS DR NEW BALTIMORE, MI 48047		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SECRETARY</u> Employer <u>GT</u> Business Address <u>54525 GRATIOT AVE, NEW BALTIMORE, MI 48051</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/01/2023</u>	
Name & Address: GREG PROST 336 E HURST ST TROY, MI 48085		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CIO</u> Employer <u>ROBINSON</u> Business Address <u>63 KERCHEVAL AVE, GROSSE POINTE, MI 48236</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/01/2023</u>	
Name & Address: KELLEY LOVATI 7983 ALEXANDRIA DR IRA TWP, MI 48023		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>MACOMB CHAMBER</u> Business Address <u>28 1ST ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 450.00

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 138903
2. Committee Name CTE KATHY ELLIOTT

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>05/01/2023</u>	
Name & Address: RALPH BIANCHI 16650 18 MILE RD CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BIANCHI SALON</u> Business Address <u>16650 18 MILE RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/01/2023</u>	
Name & Address: RAYMOND ABRO 1285 ROBSON LN BLOOMFIELD HILLS, MI 48304		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COO</u> Employer <u>JARS</u> Business Address <u>803 W BIG BEAVER RD, TROY, MI 48084</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/01/2023</u>	
Name & Address: HOWARD SHIFMAN 31600 TELEGRAPH RD BINGHAM FARMS, MI 48025		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SHIFMAN FOURNIER</u> Business Address <u>31600 TELEGRAPH RD, BINGHAM FARMS, MI 48025</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/01/2023</u>	
Name & Address: BRANDON FOURNIER 28311 OAKMONTE CIR W LYON TWP, MI 48165		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SHIFMAN FOURNIER</u> Business Address <u>31600 TELEGRAPH RD, BINGHAM FARMS, MI 48025</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 550.00

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

Enter this total on
line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138903
2. Committee Name CTE KATHY ELLIOTT

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>05/01/2023</u>	
Name & Address: SCOTT DENHA 901 WELLSLEY CT BLOOMFIELD HILLS, MI 48304		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INSURANCE</u> Employer <u>LA INSURANCE</u> Business Address <u>400 HAMILTON ROW, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/01/2023</u>	
Name & Address: GORDON WILSON 49572 COMPASS POINT DR NEW BALTIMORE, MI 48047		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>AEW</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/01/2023</u>	
Name & Address: JASON ARLOW 5709 ARNOLD RD MARINE CITY, MI 48039		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>AEW</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/01/2023</u>	
Name & Address: JOE ORAM 2187 ORCHARD LAKE RD KEEGO HARBOR, MI 48320		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE</u> Employer <u>5 STAR</u> Business Address <u>P.O. BOX 252755, West Bloomfield, MI 48325</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **1,400.00**

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

1. Committee I.D. Number 138903
2. Committee Name CTE KATHY ELLIOTT

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>05/01/2023</u>	
Name & Address: AMANDA SHO VAN 49737 KEYCOVE ST NEW BALTIMORE, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer _____ Business Address <u>49737 KEYCOVE ST, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/01/2023</u>	
Name & Address: CATHY SHO VAN 49515 NAUTICAL DR NEW BALTIMORE, MI 48047		\$ <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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/01/2023</u>	
Name & Address: JOHN STRAINER 1302 HOLLYWOOD AVE GROSSE POINTE WOODS, MI 48236		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>ROBINSON</u> Business Address <u>63 KERCHEVAL AVE, GROSSE POINTE, MI 48236</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/01/2023</u>	
Name & Address: IRENE BOGGS 35924 BREEZE CT CLINTON TWP, MI 48035		\$ <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 **350.00**

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138903
2. Committee Name CTE KATHY ELLIOTT

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>05/01/2023</u>	
Name & Address: SUSAN BLANCHARD 42661 MAYHEW DR STERLING HEIGHTS, MI 48314		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>ANTON, SOWERBY & ASSOC</u> Business Address <u>79 MACOMB PL, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/01/2023</u>	
Name & Address: ROBERT SEIBERT 19500 HALL RD CLINTON TWP, MI 48038		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SEIBERT & DLOSKI</u> Business Address <u>19500 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/01/2023</u>	
Name & Address: BOB KIRK 19500 HALL RD CLINTON TWP, MI 48038		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KIRK HUTH LANGE & BADALAMENTI</u> Business Address <u>19500 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/01/2023</u>	
Name & Address: ROB HUTH 19500 HALL RD CLINTON TWP, MI 48038		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KIRK HUTH LANGE & BADALAMENTI</u> Business Address <u>19500 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 725.00

Grand Total of All Schedules 1A
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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138903
2. Committee Name CTE KATHY ELLIOTT

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>05/01/2023</u> Name & Address: RAECHEL BADALAMENTI 19500 HALL RD CLINTON TWP, MI 48038		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KIRK HUTH LANGE & BADALAMENTI</u> Business Address <u>19500 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/02/2023</u> Name & Address: CATHERINE DEDECKER 29218 COTTON RD NEW BALTIMORE, MI 48047		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MARKETING</u> Employer <u>SPAULDING DEDECKER</u> Business Address <u>15 E BALTIMORE AVE, DETROIT, MI 48202</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/03/2023</u> Name & Address: JOHN DUPRAY 50880 ATWOOD ST NEW BALTIMORE, MI 48047		\$ <u>25.00</u>	\$ <u>25.00</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>05/03/2023</u> Name & Address: CHRIS AIELLO 49432 COMPASS POINT DR NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF</u> Employer <u>SELF</u> Business Address <u>49432 COMPASS POINT DR, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 525.00

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138903
2. Committee Name CTE KATHY ELLIOTT

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>05/10/2023</u>	
Name & Address: MARIO YONO 51715 BAKER RD NEW BALTIMORE, MI 48047		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide:			
Occupation <u>SELF</u> Employer <u>CAPITAL BUILDING</u>			
Business Address <u>49926 GRATIOT AVE, NEW BALTIMORE, MI 48051</u>			
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

200.00

Grand Total of All Schedules 1A
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9,775.00

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line 3a of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number **138903**

2. Committee Name **CTE KATHY ELLIOTT**

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: KATHY ELLIOTT 27442 CLARK CIR NEW BALTIMORE, MI 48051 If over \$100.00 cumulative, please provide: Occupation: TREASURER Employer Name & Business Address: CHESTERFIELD TOWNSHIP 47275 SUGARBUSH RD, NEW BALTIMORE, MI 48047 ☐ 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 INVITES 5. Date Of Receipt: 04/01/2023 6. Vendor Name & Address: VISTAPRINT 275 WYMAN ST, WALTHAM, MA 02451	\$ 217.75	\$ 217.75
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: JOHN KAPOUSIS 4893 CRYSTAL CREEK LN WASHINGTON, MI 48094 If over \$100.00 cumulative, please provide: Occupation: EXECUTIVE Employer Name & Address: G&T AUTO PARTS 54525 GRATIOT AVE, NEW BALTIMORE, MI 48051 ☐ 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 FUNDRAISER FOOD 5. Date Of Receipt: 05/01/2023 6. Vendor Name & Address: ZUCCAROS 46601 GRATIOT AVE, CHESTERFIELD, MI 48051	\$ 1,100.00	\$ 1,100.00
Contribution #3 PAC Receipt? ☐ Yes Name & Address: ALEXANDER KAPOUSIS 46692 JANS DR NEW BALTIMORE, MI 48047 If over \$100.00 cumulative, please provide: Occupation: SECRETARY/TREASURER Employer Name & Address: GT 54525 GRATIOT AVE, NEW BALTIMORE, MI 48051 ☐ 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 FUNDRAISER FOOD 5. Date Of Receipt: 05/01/2023 6. Vendor Name & Address: ZUCCAROS 46601 GRATIOT AVE, CHESTERFIELD, MI 48051	\$ 950.00	\$ 1,100.00

Page Subtotal **2,267.75** **2,417.75**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **2,267.75**

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on line 6 of Summary
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **138903**
2. Committee Name **CTE KATHY ELLIOTT**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ANEDOT Address 1340 POYDRAS ST NEW ORLEANS, LA 70113 ☐ Fund Raiser	Purpose: BANK FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/01/2023 Date	\$ 61.60
Expenditure #2 Name HUNTINGTON BANK Address 32900 23 MILE RD NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: BANK FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/09/2023 Date	\$ 113.00
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **174.60**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **174.60**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138903
2. Committee Name CTE KATHY ELLIOTT

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: KATHY ELLIOTT 27442 CLARK CIR CHESTERFIELD, MI 48051	4. Type: <u>DEBT</u> 5. <u>Date Debt Was Incurred:</u> <u>04/13/2020</u> 6. <u>Original Amount of Debt:</u> <u>\$ 10,567.13</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>10,567.13</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: KATHY ELLIOTT 27442 CLARK CIR NEW BALTIMORE, MI 48051	4. Type: <u>CASH</u> 5. <u>Date Debt Was Incurred:</u> <u>01/04/2022</u> 6. <u>Original Amount of Debt:</u> <u>\$ 50.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>50.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #3 Corp? ☐ Yes Owed to or by: KATHY ELLIOTT 27442 CLARK CIR NEW BALTIMORE, MI 48051	4. Type: <u>DEBT</u> 5. <u>Date Debt Was Incurred:</u> <u>10/17/2022</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,360.46</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,360.46</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

11,977.59

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

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138903
2. Committee Name CTE KATHY ELLIOTT

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: KATHY ELLIOTT 27442 CLARK CIR CHESTERFIELD, MI 48051	4. Type: <u>INVITES</u> 5. <u>Date Debt Was Incurred:</u> <u>04/01/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>217.75</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>217.75</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)

217.75

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

12,195.34

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.