



FILED

24 JUL 2023 PM 04:47

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 11/29/2022 to 07/20/2023

1. Committee I.D. Number

140106

2. Committee Name

CTE BRAD KERSTEN

4. Candidate Last Name

KERSTEN

First Name

BRAD

M.I.

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

SUPERVISOR, CHESTERFIELD TWP

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

5. Committee's Mailing Address

**P. O. BOX 534
CHESTERFIELD, MI 48047**

Area Code and Phone (810) 250-8196
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

**JANET GILLESPIE
28060 GRAHAM DRIVE
CHESTERFIELD, MI 48047**

Area Code & Phone (586) 322-2456

7. Treasurer's Business Address

**28060 GRAHAM DRIVE
CHESTERFIELD, MI 48047**

Area Code and Phone (586) 322-2456

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

**BRAD KERSTEN
53300 SHAWN DRIVE
CHESTERFIELD, MI 48047**

Area Code and Phone (810) 250-8196

9. TYPE OF STATEMENT

9a. ☐ Pre-Election **OR** 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☐ Primary
☐ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Date of Election, Convention or Caucus

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.)

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/24/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/24/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140106

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE BRAD KERSTEN

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>9,975.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>9,975.00</u>	(18.) \$ <u>9,975.00</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>9,975.00</u>	(20.) \$ <u>9,975.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</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>1,280.75</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>94.90</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1,375.65</u>	(23.) \$ <u>1,375.65</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>6,000.00</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>1,075.36</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>9,975.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>11,050.36</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1,375.65</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>9,674.71</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140106
2. Committee Name CTE BRAD KERSTEN

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>04/06/2023</u>	
Name & Address: GORDON WILSON 49572 COMPASS POINT DR CHESTERFIELD, MI 48047		\$ <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>04/06/2023</u>	
Name & Address: JASON ARLOW 5709 ARNOLD RD COTTRELLVILLE, MI 48039		\$ <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>04/10/2023</u>	
Name & Address: KEITH L PIONK 52732 LAUREL OAK LN CHESTERFIELD, MI 48047		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>KMP REALTY LLC</u> Business Address <u>35054 23 MILE 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>04/11/2023</u>	
Name & Address: STEPHEN PANGORI 8106 ROSEBUD LN VILLAGE OF CLARKSTON, MI 48348		\$ <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 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
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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>05/10/2023</u>	
Name & Address: ERIC THEUT 26175 24 MILE RD CHESTERFIELD, MI 48051		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER SUPPLIES</u> Employer <u>THEUT PRODUCTS</u> Business Address <u>47875 GRATIOT AVE, CHESTERFIELD, MI 48051</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: JIM RIEHL 49446 GOULETTE POINTE DR CHESTERFIELD, MI 48047		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CAR DEALER</u> Employer <u>FRIENDLY AUTOMOTIVE GROUP</u> Business Address <u>49446 GOULETTE POINTE DR, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/10/2023</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>DEVELOPER</u> Employer <u>STAVROS TOMA HOLDINGS</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>05/10/2023</u>	
Name & Address: CTE MAT KING 2525 WOODLAND CT PORT HURON, MI 48060		\$ <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 **1,775.00**

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1. Committee I.D. Number 140106
2. Committee Name CTE BRAD KERSTEN

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/10/2023</u> Name & Address: KEN HARTWIG 26200 24 MILE RD CHESTERFIELD, MI 48051		\$ <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>05/10/2023</u> Name & Address: SHANE GIANINO 38340 TRILLIUM PL HARRISON TWP, MI 48045		\$ <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>05/10/2023</u> Name & Address: JOHN JOHNSON JR 48637 SHADY GLEN DR NEW BALTIMORE, MI 48051		\$ <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>05/10/2023</u> Name & Address: JASON ORAM P O BOX 252755 WEST BLOOMFIELD, MI 48325		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>5STAROUTDOOR.COM</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 450.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/10/2023</u>	
Name & Address: JOHN KAPOUSIS 4893 CRYSTAL CREEK LN WASHINGTON, MI 48094		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>G&T AUTO PARTS</u> Business Address <u>54525 GRATIOT AVE, CHESTERFIELD, MI 48051</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: TONY GALLO 6303 26 MILE RD WASHINGTON, MI 48094		\$ <u>1,050.00</u>	\$ <u>1,050.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>GALLO COMPANIES</u> Business Address <u>6303 26 MILE RD, STE 200, WASHINGTON, MI 48094</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/10/2023</u>	
Name & Address: DE BLOUW HENRY 26350 24 MILE RD CHESTERFIELD, MI 48051		\$ <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>05/10/2023</u>	
Name & Address: LAWRENCE CAMPBELL 6890 VERNMOOR DR TROY, MI 48098		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>C-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			

Page Subtotal **1,650.00**

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/10/2023</u>	
Name & Address: JEFF BOHM 3453 ST CLAIR SHORES BLVD EAST CHINA, MI 48054		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>VIKING FITNESS CTR</u> Business Address <u>782 HURON BLVD, MARYSVILLE, MI 48040</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: BOB SEIBERT 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>SEIBERT & DLOSKI</u> Business Address <u>19500 HALL RD, STE 101, 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>05/10/2023</u>	
Name & Address: DANIEL RUSSELL 17680 MAISONS DR CLINTON TWP, MI 48038		\$ <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>05/10/2023</u>	
Name & Address: RAEHEL 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			

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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>05/10/2023</u>	
Name & Address: ROBERT 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 #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/10/2023</u>	
Name & Address: ROBERT 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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/10/2023</u>	
Name & Address: KERRY JANTZ 46868 JEWEL DR MACOMB, MI 48044		\$ <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>05/10/2023</u>	
Name & Address: MIKE KOVACS 49434 MONTE RD CHESTERFIELD, MI 48047		\$ <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			

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/10/2023</u> Name & Address: RICHARD BROUCKAERT 49488 COMPASS POINT DR CHESTERFIELD, MI 48047		\$ <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>05/10/2023</u> Name & Address: MARSHALL KNAPP 47921 JEFFERSON AVE CHESTERFIELD, MI 48047		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MARSHALL'S ART</u> Business Address <u>47921 JEFFERSON AVE, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/10/2023</u> Name & Address: SCOTT CHAMBERS 31022 MOCERI CIR WARREN, MI 48088		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>05/10/2023</u> Name & Address: MARK RASKA 26295 24 MILE RD CHESTERFIELD, MI 48051		\$ <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			

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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>05/10/2023</u>	
Name & Address: BRIAN DEMUYNCK 45774 POINT LAKEVIEW ST NEW BALTIMORE, MI 48047		\$ <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>05/10/2023</u>	
Name & Address: TIMOTHY KELLY 51860 SALVATORI DR CHESTERFIELD, MI 48047		\$ <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>05/10/2023</u>	
Name & Address: GREGORY IACOBELLI 53639 CHRISTY DR CHESTERFIELD, MI 48051		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>53639 CHRISTY DR, CHESTERFIELD, MI 48051</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>05/10/2023</u>	
Name & Address: CHALDEAN CHAMBER PAC 30095 NORTHWESTERN HWY FARMINGTON HILLS, MI 48334		\$ <u>500.00</u>	\$ <u>500.00</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 **1,600.00**

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 140106
2. Committee Name CTE BRAD KERSTEN

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: RALPH BIANCHI 16650 18 MILE RD CLINTON TWP, MI 48038		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BIANCHI SALON</u> Business Address <u>85 E BIG BEAVER RD, TROY, MI 48083</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: SEBASTIANO PREVITI 61614 COTSWOLD DR WASHINGTON, MI 48094		\$ <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>05/10/2023</u>	
Name & Address: PAUL WESTRICK 32463 SUTTON RD NEW BALTIMORE, MI 48047		\$ <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>05/10/2023</u>	
Name & Address: DAVID MORELLI 22756 MACOMB INDUSTRIAL DR CLINTON TWP, MI 48036		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUILDER</u> Employer <u>MORELLI CUSTOM HOMES</u> Business Address <u>22756 MACOMB INDUSTRIAL DR, CLINTON TWP, MI 48036</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 140106
2. Committee Name CTE BRAD KERSTEN

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>06/05/2023</u>	
Name & Address: HANI MANSOUR 330 HAMILTON ROW BIRMINGHAM, MI 48009		\$ <u>1,200.00</u>	\$ <u>1,200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO/OWNER</u> Employer <u>MANSOUR COMPANIES</u> Business Address <u>330 HAMILTON ROW, STE 300, BIRMINGHAM, MI 48009</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

1,200.00

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

9,975.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140106
2. Committee Name CTE BRAD KERSTEN

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name YOUNIGUECARDS.COM INC Address 42816 WILLSHARON ST STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: EVENT TICKETS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/01/2023</u> Date	\$ <u>125.00</u>
Expenditure #2 Name LOUIS CHOP HOUSE Address 50355 GRATIOT AVE CHESTERFIELD, MI 48051 ☒ Fund Raiser	Purpose: DINNER FUNDRAISER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/10/2023</u> Date	\$ <u>1,155.75</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	1,280.75
Grand Total of all Schedules 1B (Complete on last page of Schedule)	1,280.75

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140106
2. Committee Name CTE BRAD KERSTEN

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: BRAD KERSTEN 53300 SHAWN DRIVE CHESTERFIELD, MI 48047	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/20/2021</u> 6. <u>Original Amount of Debt:</u> \$ <u>2,400.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>2,400.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by: BRAD KERSTEN 53300 SHAWN DRIVE CHESTERFIELD, MI 48047	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>03/18/2022</u> 6. <u>Original Amount of Debt:</u> \$ <u>3,600.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>3,600.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
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)

6,000.00

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

6,000.00

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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **140106**
2. Committee Name **CTE BRAD KERSTEN**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 05/10/2023	4. Number of Individuals Attending or Participating (whichever is greater) 50	5. Type of Fund Raising Activity KICK OFF DINNER FUND RAISER	6. Address and Name (If any) of the place where the activity was held. LOUIS' CHOP HOUSE 50355 GRATIOT AVE CHESTERFIELD, MI 48047 ☐ Private Residence
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7. Total Contributions **8,775.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **8,775.00**
10. Total Cost of Event **1,155.75**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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