



FILED

25 JUL 2023 PM 02:31

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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**CANDIDATE COMMITTEE
COVER PAGE**

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

3. This Statement covers From: 01/18/2023 to 07/20/2023

1. Committee I.D. Number

139511

4. Candidate Last Name First Name M.I.

HOWARD MICHAEL J

2. Committee Name

CTE MICHAEL HOWARD

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

COUNCIL AT LARGE, WARREN

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

5. Committee's Mailing Address

**23725 BEIERMAN AVENUE
WARREN, MI 48091**

6. Treasurer's Name & Residential Address

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

Area Code and Phone (586) 213-3197
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

Area Code & Phone (586) 596-5953

7. Treasurer's Business Address

**4753 STILWELL DRIVE
WARREN, MI 48092**

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

Area Code and Phone (586) 596-5953

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 139511

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE MICHAEL HOWARD

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>9,208.68</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>9,208.68</u>	(18.) \$ <u>9,208.68</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>9,208.68</u>	(20.) \$ <u>9,208.68</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>9,208.68</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>9,208.68</u>	(23.) \$ <u>9,208.68</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>9,208.68</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>9,208.68</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>9,208.68</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>0.00</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139511
2. Committee Name CTE MICHAEL HOWARD

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/04/2023</u> Name & Address: MICHAEL J HOWARD 23725 BEIERMAN AVE WARREN, MI 48091		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FOUNDER & CEO</u> Employer <u>HOWARD FAMILY DESIGNS</u> Business Address <u>23725 BEIERMAN AVE, WARREN, MI 48091</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/06/2023</u> Name & Address: ANGELA ROGENSUES 13254 COMMON RD WARREN, MI 48088		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FOUNDER</u> Employer <u>COMMON ROAD ADVISORS, LLC</u> Business Address <u>13254 COMMON RD, WARREN, MI 48088</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/06/2023</u> Name & Address: MICHAEL J HOWARD 23725 BEIERMAN AVE WARREN, MI 48091		\$ <u>100.00</u>	\$ <u>175.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FOUNDER & CEO</u> Employer <u>HOWARD FAMILY DESIGNS</u> Business Address <u>23725 BEIERMAN AVE, WARREN, MI 48091</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/10/2023</u> Name & Address: DIMERE RUTLEDGE 7579 E ROBINWOOD ST DETROIT, MI 48234		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>PTI</u> Business Address <u>18615 SHERWOOD ST, DETROIT, MI 48234</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 925.00

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 139511
2. Committee Name CTE MICHAEL HOWARD

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/13/2023</u> Name & Address: EMILY MELLITS 64607 LIMERICK WASHINGTON, MI 48095		\$ <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>02/13/2023</u> Name & Address: MARGARET HUNTONE 8479 TOWNE CENTER CIR WARREN, MI 48093		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/13/2023</u> Name & Address: ARTZ LAURA 3069 TUXEDO DR WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/14/2023</u> Name & Address: ANDREW PALLACH 28954 BESTE ST ST CLAIR SHORES, MI 48081		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 270.00

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 139511
2. Committee Name CTE MICHAEL HOWARD

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/14/2023</u>	
Name & Address: MICHAEL J HOWARD 23725 BEIERMAN AVE WARREN, MI 48091		\$ <u>482.60</u>	\$ <u>657.60</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FOUNDER & CEO</u> Employer <u>HOWARD FAMILY DESIGNS</u> Business Address <u>23725 BEIERMAN AVE, WARREN, MI 48091</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/15/2023</u>	
Name & Address: EWANI PATE 2201 N LOVINGTON AVE TROY, MI 48083		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>GENERAL MOTORS</u> Business Address <u>30216 WILLIAM DURANT BLVD, WARREN, MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/16/2023</u>	
Name & Address: LINDA HALL 9643 SUSSEX ST DETROIT, MI 48227		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CLEANER</u> Employer <u>SBM</u> Business Address <u>9643 SUSSEX ST, DETROIT, MI 48227</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/16/2023</u>	
Name & Address: CHRISTINA BERTRAND 4817 LA CHENE DR WARREN, MI 48092		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **882.60**

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

1. Committee I.D. Number 139511
2. Committee Name CTE MICHAEL HOWARD

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/16/2023</u>	
Name & Address: BRONSON ALEX 34 QUEEN ST MT CLEMENS, MI 48043		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENTREPRENEUR</u> Employer <u>BLACKOUT CONSTRUCTION</u> Business Address <u>34 QUEEN 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>02/16/2023</u>	
Name & Address: JOEL RUTHERFORD 5683 STORROW CT WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEST DRIVER EVALUATOR</u> Employer <u>PERFORMANCE DRIVEN WORKFORCE</u> Business Address <u>22226 GARRISON ST, DEARBORN, MI 48124</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/16/2023</u>	
Name & Address: LAURIE GERALDS 299 SONIA AVE MADISON HEIGHTS, MI 48071		\$ <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>02/16/2023</u>	
Name & Address: RAHMAN MUNNI 26361 CURIE AVE WARREN, MI 48091		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 275.00

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

1. Committee I.D. Number 139511
2. Committee Name CTE MICHAEL HOWARD

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/16/2023</u>	
Name & Address: MELODY MAGEE 25800 TIMBERLINE DR WARREN, MI 48091		\$ <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>02/16/2023</u>	
Name & Address: OSTOSH CURTISS 8204 E 9 MILE RD WARREN, MI 48089		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PASTOR</u> Employer <u>HARVEST TIME CHRISTIAN FELLOWSHIP</u> Business Address <u>8204 E 9 MILE RD, WARREN, MI 48089</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/17/2023</u>	
Name & Address: DECARLO CHENAULT 22808 MAC ARTHUR BLVD WARREN, MI 48089		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHOTOGRAPHER</u> Employer <u>DLC PRODUCTIONS</u> Business Address <u>22808 MAC ARTHUR BLVD, WARREN, MI 48089</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/19/2023</u>	
Name & Address: DIANE YOUNG 13250 IRVINGTON DR WARREN, MI 48088		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL PLANNER</u> Employer <u>ARROWROOTFAMILY OFFICE</u> Business Address <u>725 BARCLAY CIR, ROCHESTER HILLS, MI 48307</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 500.00

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

1. Committee I.D. Number 139511
2. Committee Name CTE MICHAEL HOWARD

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/19/2023</u>	
Name & Address: MILES MARJACE 928 DREXEL ST DEARBORN, MI 48128		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MARKETING DIRECTOR</u> Employer <u>FORD MOTOR CO</u> Business Address <u>1 AMERICAN RD, DEARBORN, MI 48126</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/20/2023</u>	
Name & Address: ASMATIEK FIELDS 245 ROCKY HILL LN CLEVELAND, GA 30528		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/23/2023</u>	
Name & Address: FAROOQI AISHA 5204 BRYCE CT STERLING HEIGHTS, MI 48310		\$ <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>02/23/2023</u>	
Name & Address: NEWMAN HENRY 27156 GAIL DR WARREN, MI 48093		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **375.00**

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

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**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 139511
2. Committee Name CTE MICHAEL HOWARD

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/25/2023</u>	
Name & Address: FAIR JONAH 28123 23 MILE RD CHESTERFIELD, MI 48051		\$ <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>02/27/2023</u>	
Name & Address: HEFKA A DEBORAH 10645 DUPREY ST DETROIT, MI 48224		\$ <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>03/08/2023</u>	
Name & Address: ARMSTRONG ELIZABETH 24351 BEIERMAN AVE WARREN, MI 48091		\$ <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>03/08/2023</u>	
Name & Address: ARTZ LAURA 3069 TUXEDO DR WARREN, MI 48092		\$ <u>30.00</u>	\$ <u>130.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **180.00**

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 139511
2. Committee Name CTE MICHAEL HOWARD

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/08/2023</u>	
Name & Address: MELVIN LOGAN 21531 BRIARCLIFF ST ST CLAIR SHORES, MI 48082		\$ <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>03/09/2023</u>	
Name & Address: JOSH BANKS 37552 INGLESIDE ST CLINTON TWP, MI 48036		\$ <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>03/09/2023</u>	
Name & Address: MCALLISTER ANTONIO 28639 BARKMAN ST ROSEVILLE, MI 48066		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>AM PAINTINH</u> Business Address <u>28639 BARKMAN ST, ROSEVILLE, MI 48066</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/15/2023</u>	
Name & Address: MATTHEW TWOMEY 280 LAURENCE DR ROCHESTER HILLS, MI 48307		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>PALMETTO</u> Business Address <u>280 LAURENCE DR, ROCHESTER HILLS, MI 48307</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 650.00

Grand Total of All Schedules 1A
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Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139511
2. Committee Name CTE MICHAEL HOWARD

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/15/2023</u>	
Name & Address: DANIELLE RICKLE 35750 LITTLE MACK AVE CLINTON TWP, MI 48035		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/16/2023</u>	
Name & Address: LIPING DYKEMAN 13020 CARRIAGE PARK LN DULUTH, GA 30097		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/21/2023</u>	
Name & Address: EMILY BUSCH 97 DENNISON ST OXFORD, MI 48371		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>NOBEL BIO CARE</u> Business Address <u>97 DENNISON ST, OXFORD, MI 48371</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/22/2023</u>	
Name & Address: SARAH WHITT 4478 COUNTY RD 484 TEBBETTS, MO 65080		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>LIGHTHOUSE PREPARATORY ACADEMY</u> Business Address <u>216 EL MERCADO PLAZA, JEFFERSON CITY, MO 65109</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **875.00**

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 139511
2. Committee Name CTE MICHAEL HOWARD

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/25/2023</u>	
Name & Address: DENISE MENTZER 1399 KINGSLEY ST MT CLEMENS, MI 48043		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE REPRESENTATIVE</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>124 N CAPITOL AVE, LANSING, MI 48933</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/27/2023</u>	
Name & Address: HOLLY COLLINS 8311 MINNESOTA LN AUSTIN, TX 78745		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNICATION COORDINATOR</u> Employer <u>ST. DAVID??S FOUNDATION</u> Business Address <u>1303 SAN ANTONIO ST, AUSTIN, TX 78701</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/30/2023</u>	
Name & Address: TIM HUDDLESTON 620 WASHAM RD CLEVER, MO 65631		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/30/2023</u>	
Name & Address: DUANE YARBROUGH 16876 STOEPEL ST DETROIT, MI 48221		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 260.00

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139511
2. Committee Name CTE MICHAEL HOWARD

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/30/2023</u>	
Name & Address: HILLARY MEEHAN 26181 KILTARTAN STREET FARMINGTON HILLS, MI 48334		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/30/2023</u>	
Name & Address: EMILY MELLITS 64607 LIMERICK WASHINGTON, MI 48095		\$ <u>50.00</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>03/30/2023</u>	
Name & Address: NICOLE FOX 1287 CYNTHIA AVE MADISON HEIGHTS, MI 48071		\$ <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>03/31/2023</u>	
Name & Address: KRISTIN STONE 25140 CHAPELWEIGH DR FARMINGTON HILLS, MI 48336		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 180.00

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

1. Committee I.D. Number 139511
2. Committee Name CTE MICHAEL HOWARD

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/31/2023</u>	
Name & Address: SHANIA CHEHAB 45787 KENSINGTON ST UTICA, MI 48317		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DESIGNER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>45787 KENSINGTON ST, UTICA, MI 48317</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/31/2023</u>	
Name & Address: GEORGE CHAPP 4753 STILWELL DR WARREN, MI 48092		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/31/2023</u>	
Name & Address: LAKESHA CONLEY 5069 CHIPPEWA CT STERLING HEIGHTS, MI 48310		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/31/2023</u>	
Name & Address: AARON DELIKTA 7301 SUPERIOR ST CENTER LINE, MI 48015		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 120.00

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

1. Committee I.D. Number 139511
2. Committee Name CTE MICHAEL HOWARD

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/31/2023</u>	
Name & Address: DAWN BEZANSON 23693 BEIERMAN AVE WARREN, MI 48091		\$ <u>60.00</u>	\$ <u>60.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/31/2023</u>	
Name & Address: TONYIE JOHNSON 30050 NORTHGATE DR SOUTHFIELD, MI 48076		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/31/2023</u>	
Name & Address: DARRELL PURCELL 19300 CONLEY ST DETROIT, MI 48234		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/31/2023</u>	
Name & Address: ALONDA WALKER 8005 TOWNSEND ST DETROIT, MI 48213		\$ <u>60.00</u>	\$ <u>60.00</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 **160.00**

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

1. Committee I.D. Number 139511
2. Committee Name CTE MICHAEL HOWARD

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/31/2023</u>	
Name & Address: DONAVAN MCKINNEY 1774 OUTER DR E DETROIT, MI 48234		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE REPRESENTATIVE</u> Employer <u>STATE OF MICHIGAN</u> Business Address <u>124 N CAPITOL AVE, LANSING, MI 48933</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/31/2023</u>	
Name & Address: DIANE YOUNG 13250 IRVINGTON DR WARREN, MI 48088		\$ <u>100.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL PLANNER</u> Employer <u>ARROWROOTFAMILY OFFICE</u> Business Address <u>725 BARCLAY CIR, ROCHESTER HILLS, MI 48307</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/31/2023</u>	
Name & Address: JACKIE KELLY-SMITH 2524 CHALK FARM RD N WARREN, MI 48091		\$ <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>03/31/2023</u>	
Name & Address: DANIEL CIESIELSKI 42680 POND VIEW DR STERLING HEIGHTS, MI 48314		\$ <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 500.00

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

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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139511
2. Committee Name CTE MICHAEL HOWARD

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/02/2023</u>	
Name & Address: CARMELA FINN 32632 DESMOND DR WARREN, MI 48093		\$ <u>80.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/02/2023</u>	
Name & Address: FOWOBI BADEJOH 3144 ASHWOOD GROVE PARK SNELLVILLE, GA 30078		\$ <u>60.00</u>	\$ <u>60.00</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>04/06/2023</u>	
Name & Address: CARL MARLINGA 5228 CARAWAY DR STERLING HEIGHTS, MI 48314		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>JUDGE</u> Employer <u>MACOMB COUNTY</u> Business Address <u>10 N MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/07/2023</u>	
Name & Address: RUSS ESSENCE 25173 CHAPELWEIGH DR FARMINGTON HILLS, MI 48336		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 290.00

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

1. Committee I.D. Number 139511
2. Committee Name CTE MICHAEL HOWARD

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/10/2023</u>	
Name & Address: EMILY WIZE 731 E 14 MILE RD BIRMINGHAM, MI 48009		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>FERNDALE PUBLIC SCHOOLS</u> Business Address <u>2610 PINECREST, Ferndale, MI 48220</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/19/2023</u>	
Name & Address: SHAWN SHACKELFORD 17661 MAISONS DR CLINTON TWP, MI 48038		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>EXECUTIVE DIRECTOR</u> Employer <u>PORT HURON AREA SCHOOL DISTRICT</u> Business Address <u>2720 RIVERSIDE DR, PORT HURON, MI 48060</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>04/23/2023</u>	
Name & Address: CEMONE MOY 31346 CEDAR RIDGE LN MADISON HEIGHTS, MI 48071		\$ <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>04/24/2023</u>	
Name & Address: MICHAEL J HOWARD 23725 BEIERMAN AVE WARREN, MI 48091		\$ <u>41.08</u>	\$ <u>698.68</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FOUNDER & CEO</u> Employer <u>HOWARD FAMILY DESIGNS</u> Business Address <u>23725 BEIERMAN AVE, WARREN, MI 48091</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **316.08**

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 139511
2. Committee Name CTE MICHAEL HOWARD

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/09/2023</u>	
Name & Address: GEORGE BARNS 30980 WENDBROOK LN BEVERLY HILLS, MI 48025		\$ <u>2,450.00</u>	\$ <u>2,450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO PRESIDENT</u> Employer <u>HERITAGE OPTICAL CENTER, INC.</u> Business Address <u>19010 LIVERNOIS, DETROIT, MI 48221</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #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

2,450.00

Grand Total of All Schedules 1A
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9,208.68

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139511
2. Committee Name CTE MICHAEL HOWARD

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SQUARESPACE Address 225 VARICK ST NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: WEBSITE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/04/2023 Date	\$ 46.40
Expenditure #2 Name WARREN CLERK'S OFFICE Address 1 CITY SQUARE WARREN, MI 48093 ☐ Fund Raiser	Purpose: FILING FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/07/2023 Date	\$ 102.80
Expenditure #3 Name MI BLUE PATH SOLUTIONS Address 439 3RD ST PO BOX 2861 ANN ARBOR, MI 48103 ☐ Fund Raiser	Purpose: CAMPAIGN SETUP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/14/2023 Date	\$ 2,100.00
Expenditure #4 Name MEIJER Address 29505 MOUND RD WARREN, MI 48092 ☐ Fund Raiser	Purpose: WATER, NAME TAGS, STICKY NOTES, RUBBER BANDS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/16/2023 Date	\$ 15.17
Expenditure #5 Name ALLIED UNION SERVICES Address 240 N FENWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: LETTERHEAD AND ENVELOPS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/22/2023 Date	\$ 204.30

Subtotal this page **2,468.67**

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139511
2. Committee Name CTE MICHAEL HOWARD

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ALLIED UNION SERVICES Address 240 N FENWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: <u>VINYLBANNER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/22/2023</u> Date	\$ <u>197.67</u>
Expenditure #2 Name ALLIED UNION SERVICES Address 240 N FENWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: <u>WALK LIT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/22/2023</u> Date	\$ <u>1,351.12</u>
Expenditure #3 Name THE DOVETAIL Address 29200 HOOVER RD WARREN, MI 48093 ☐ Fund Raiser	Purpose: <u>RENTAL FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/24/2023</u> Date	\$ <u>75.00</u>
Expenditure #4 Name MI BLUE PATH SOLUTIONS Address 439 3RD ST PO BOX 2861 ANN ARBOR, MI 48103 ☐ Fund Raiser	Purpose: <u>CAMPAIGN MANAGEMENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/01/2023</u> Date	\$ <u>1,225.00</u>
Expenditure #5 Name MICHAEL J HOWARD Address 23725 BEIERMAN AVE WARREN, MI 48091 ☐ Fund Raiser	Purpose: <u>CANDIDATE LOAN REPAYMENT</u> ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/02/2023</u> Date	\$ <u>657.60</u>

Subtotal this page

3,506.39

Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139511
2. Committee Name CTE MICHAEL HOWARD

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SQUARESPACE Address 225 VARICK ST NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: <u>WEBSITE FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/05/2023</u> Date	\$ <u>33.00</u>
Expenditure #2 Name ERICA S GREEN Address 14710 ROSEMARY BLVD OAK PARK, MI 48237 ☐ Fund Raiser	Purpose: <u>FOOD FOR EVENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/31/2023</u> Date	\$ <u>300.00</u>
Expenditure #3 Name MI BLUE PATH SOLUTIONS Address 439 3RD ST PO BOX 2861 ANN ARBOR, MI 48103 ☐ Fund Raiser	Purpose: <u>CAMPAIGN MANAGEMENT AND CONTRACT TERMINATION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/01/2023</u> Date	\$ <u>1,225.00</u>
Expenditure #4 Name USPS Address 28401 MOUND RD WARREN, MI 48090 ☐ Fund Raiser	Purpose: <u>MIX STAMPS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/02/2023</u> Date	\$ <u>315.00</u>
Expenditure #5 Name SQUARESPACE Address 225 VARICK ST NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: <u>WEBSITE UPGRADE AND DOMAIN</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/04/2023</u> Date	\$ <u>263.90</u>

Subtotal this page **2,136.90**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139511
2. Committee Name CTE MICHAEL HOWARD

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SQUARESPACE Address 225 VARICK ST NEW YORK, NY 10014 ☐ Fund Raiser	Purpose: <u>WEBSITE FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/05/2023</u> Date	\$ <u>33.00</u>
Expenditure #2 Name ALLIED UNION SERVICES Address 240 N FENWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: <u>PRINT MATERIALS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/20/2023</u> Date	\$ <u>832.24</u>
Expenditure #3 Name NGPVAN Address 655 15TH ST NW WASHINGTON, DC 20005 ☐ Fund Raiser	Purpose: <u>ACT BLUE FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/25/2023</u> Date	\$ <u>81.48</u>
Expenditure #4 Name NGPVAN Address 655 15TH ST NW WASHINGTON, DC 20005 ☐ Fund Raiser	Purpose: <u>DNC FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/19/2023</u> Date	\$ <u>150.00</u>
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 **1,096.72**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **9,208.68**

Enter this total
on line 8a of
Summary Page