



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FILED

27 OCT 2023 PM 03:29

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: 05/13/2023 to 10/22/2023

1. Committee I.D. Number

**140319**

4. Candidate Last Name First Name M.I.

**MCGARITY THERESA D**

2. Committee Name

**CTE THERESA MCGARITY**

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

**COMMISSION, MOUNT CLEMENS**

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

5. Committee's Mailing Address

**19 INCHES  
MT CLEMENS, MI 48043**

6. Treasurer's Name & Residential Address

**THERESA D MCGARITY  
19 INCHES  
MT CLEMENS, MI 48043**

Area Code and Phone (586) 222-2380  
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) 222-2380

7. Treasurer's Business Address

**19 INCHES  
MT CLEMENS, MI 48043**

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

Area Code and Phone (586) 222-2380

Area Code and Phone () -

**9. TYPE OF STATEMENT**

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

Pre-Election or Post-Election Statement relates to:

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

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly  
☐ October Quarterly

9c. ☐ Annual Statement ( ) Coverage Year

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

Date of Election, Convention or Caucus

11/07/2023

**9e. Dissolution of Candidate Committee**

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

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

Effective date of dissolution

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

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

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

10/27/2023

Candidate

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

10/27/2023



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 140319

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name CTE THERESA MCGARITY

| RECEIPTS                                                                                        | Column I<br>This Period        | Column II<br>Cumulative this election cycle |
|-------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|
| 3. Contributions                                                                                |                                |                                             |
| a. Itemized (Schedule 1A - Column 6)                                                            | (3a.) \$ <u>2,065.00</u>       |                                             |
| b. Unitemized (less than \$20.01 each - no Schedule)                                            | (3b.) \$ <u>NOT APPLICABLE</u> |                                             |
| c. Subtotal of "Contributions"                                                                  | (3c.) \$ <u>2,065.00</u>       | (18.) \$ <u>2,065.00</u>                    |
| 4. Other Receipts (Schedule 1A -1, Column 6)                                                    | (4.) \$ <u>0.00</u>            | (19.) \$ <u>0.00</u>                        |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3c + Line 4)                      | (5.) \$ <u>2,065.00</u>        | (20.) \$ <u>2,065.00</u>                    |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>                                                 |                                |                                             |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)                                              | (6.) \$ <u>1,859.72</u>        | (21.) \$ <u>1,859.72</u>                    |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)                                              | (7.) \$ <u>0.00</u>            | (22.) \$ <u>0.00</u>                        |
| <b>EXPENDITURES</b>                                                                             |                                |                                             |
| 8. Expenditures                                                                                 |                                |                                             |
| a. Itemized (Schedule 1B, Column 6)                                                             | (8a.) \$ <u>1,776.60</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>           |                                             |
| <b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)                                  | (9.) \$ <u>1,776.60</u>        | (23.) \$ <u>1,776.60</u>                    |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(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>          |                                             |
| <b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Add Line 10a + Line 10b)                  | (11.) \$ <u>0.00</u>           | (24.) \$ <u>0.00</u>                        |
| <b>DEBTS AND OBLIGATIONS</b>                                                                    |                                |                                             |
| 12. Debts and Obligations                                                                       |                                |                                             |
| a. Owed <b>by</b> the Committee (Schedule 1E)                                                   | (12a.) \$ <u>0.00</u>          |                                             |
| b. Owed <b>to</b> the Committee (Schedule 1E)                                                   | (12b.) \$ <u>0.00</u>          |                                             |
| <b>BALANCE STATEMENT</b>                                                                        |                                |                                             |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>0.00</u>           |                                             |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>2,065.00</u>     |                                             |
| 15. SUBTOTAL Add lines 13 and 14                                                                | (15.) = \$ <u>2,065.00</u>     |                                             |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ <u>1,776.60</u>     |                                             |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)                                           | (17.) \$ <u>288.40</u>         | *                                           |



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140319  
2. Committee Name CTE THERESA MCGARITY

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>10/07/2023</u><br>Name & Address:<br><b>AMIR BRACKEN</b><br><b>11383 MARK TWAIN ST</b><br><b>DETROIT, MI 48227</b>                                                                      |  | \$ <u>30.00</u> | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |  |                 |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/07/2023</u><br>Name & Address:<br><b>VIRGIE CRAWLEY</b><br><b>20180 BANNISTER WAY</b><br><b>CLINTON TWP, MI 48038</b>                                                                 |  | \$ <u>30.00</u> | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |  |                 |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/07/2023</u><br>Name & Address:<br><b>LAVONNA PRATT</b><br><b>314 HOWARD ST</b><br><b>MT CLEMENS, MI 48043</b>                                                                        |  | \$ <u>15.00</u> | \$ <u>15.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |  |                 |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/07/2023</u><br>Name & Address:<br><b>PAULETTE GANTT</b><br><b>114 EUCLID ST</b><br><b>MT CLEMENS, MI 48043</b>                                                                       |  | \$ <u>30.00</u> | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |  |                 |                                                                                 |

Page Subtotal 105.00

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 140319  
2. Committee Name CTE THERESA MCGARITY

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br>TRANNIE GLASSCOX<br>22036 GRANDY ST<br>CLINTON TWP, MI 48035                                                                                                                                                                                                       |                                           | \$ <u>15.00</u>                      | \$ <u>15.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br>SILENTREE MERRIWEATHER<br>175 BARBARA ST<br>MT CLEMENS, MI 48043                                                                                                                                                                                                   |                                           | \$ <u>45.00</u>                      | \$ <u>45.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br>ROCKMAN UPSHAW<br>50 W BREITMEYER PL<br>MT CLEMENS, MI 48043                                                                                                                                                                                                       |                                           | \$ <u>60.00</u>                      | \$ <u>60.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br>DOROTHY SPIKES<br>123 MEADLE ST<br>MT CLEMENS, MI 48043                                                                                                                                                                                                            |                                           | \$ <u>30.00</u>                      | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |

Page Subtotal 150.00

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 140319  
2. Committee Name CTE THERESA MCGARITY

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br>JEAN DIXON<br>4 MEADLE ST<br>MT CLEMENS, MI 48043                                                                                                                                                                                                                  |                                           | \$ <u>30.00</u>                      | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br>PAULINE NORWOOD<br>10 INCHES ST<br>MT CLEMENS, MI 48043                                                                                                                                                                                                            |                                           | \$ <u>45.00</u>                      | \$ <u>45.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br>VINCENT HOWARD<br>94 PARK ST<br>MT CLEMENS, MI 48043                                                                                                                                                                                                               |                                           | \$ <u>15.00</u>                      | \$ <u>15.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br>VERONICA ROBINSON<br>165 CLINTON RIVER DR<br>MT CLEMENS, MI 48043                                                                                                                                                                                                  |                                           | \$ <u>15.00</u>                      | \$ <u>15.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |

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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140319  
2. Committee Name CTE THERESA MCGARITY

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br><b>SHELLY VIRGINA</b><br><b>270 CLINTON RIVER DR</b><br><b>MT CLEMENS, MI 48043</b>                                                                                                                                                                                                                                    |                                           | \$ <u>15.00</u>                      | \$ <u>15.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                         |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                        | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br><b>MARVA THOMPSON</b><br><b>47167 ADMIRALS COVE LN</b><br><b>NEW BALTIMORE, MI 48051</b>                                                                                                                                                                                                                               |                                           | \$ <u>15.00</u>                      | \$ <u>15.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                         |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                       | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br><b>RHONDA POWELL</b><br><b>365 CLINTON RIVER DR</b><br><b>MT CLEMENS, MI 48043</b>                                                                                                                                                                                                                                     |                                           | \$ <u>265.00</u>                     | \$ <u>265.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>DIRECTOR</u> Employer <u>WE THE PEOPLE MI ACTION</u><br>Business Address <u>440 BURROUGHS ST, DETROIT, MI 48202</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                       | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br><b>WANDA DUDLEY</b><br><b>480 CLINTON RIVER DR</b><br><b>MT CLEMENS, MI 48043</b>                                                                                                                                                                                                                                      |                                           | \$ <u>55.00</u>                      | \$ <u>55.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                         |                                           |                                      |                                                                                 |

Page Subtotal 350.00

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**ITEMIZED CONTRIBUTIONS  
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1. Committee I.D. Number 140319  
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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? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br>ESTELLA SHELTON<br>345 CLINTON RIVER DR<br>MT CLEMENS, MI 48043                                                                                                                                                                                                    |                                           | \$ <u>30.00</u>                      | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br>MAURICE WALLACE<br>124 BELLEVIEW ST<br>MT CLEMENS, MI 48043                                                                                                                                                                                                        |                                           | \$ <u>30.00</u>                      | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br>MARY HERNANDEZ<br>4857 RED MAPLE DR<br>WARREN, MI 48092                                                                                                                                                                                                            |                                           | \$ <u>75.00</u>                      | \$ <u>75.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br>SHALONDAH LUCAS<br>35 FESSENDEN ST<br>MT CLEMENS, MI 48043                                                                                                                                                                                                         |                                           | \$ <u>30.00</u>                      | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |

Page Subtotal 165.00

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

1. Committee I.D. Number 140319  
2. Committee Name CTE THERESA MCGARITY

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br>ELONDAH LUCAS<br>75 FESSENDEN ST<br>MT CLEMENS, MI 48043                                                                                                                                                                                                           |                                           | \$ <u>15.00</u>                      | \$ <u>15.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br>ZENA RIDLEY<br>47075 CHERRY VALLEY DR<br>MACOMB, MI 48044                                                                                                                                                                                                          |                                           | \$ <u>30.00</u>                      | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br>SONYA HARRINGTON<br>18 BARBARA CT<br>MT CLEMENS, MI 48043                                                                                                                                                                                                          |                                           | \$ <u>15.00</u>                      | \$ <u>15.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br>ESTHER HOWARD<br>23541 BUCKINGHAM ST<br>CLINTON TWP, MI 48036                                                                                                                                                                                                      |                                           | \$ <u>15.00</u>                      | \$ <u>15.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |

Page Subtotal 75.00

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 140319  
2. Committee Name CTE THERESA MCGARITY

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>10/07/2023</u><br>Name & Address:<br><b>JEAN COBB</b><br><b>150 DICKINSON ST</b><br><b>MT CLEMENS, MI 48043</b>                                                                         |  | \$ <u>75.00</u> | \$ <u>75.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |  |                 |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/07/2023</u><br>Name & Address:<br><b>CALE COBB</b><br><b>150 DICKINSON ST</b><br><b>MT CLEMENS, MI 48043</b>                                                                          |  | \$ <u>30.00</u> | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |  |                 |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/07/2023</u><br>Name & Address:<br><b>NELSON JACKSON</b><br><b>615 WELLINGTON CRESCENT</b><br><b>MT CLEMENS, MI 48043</b>                                                             |  | \$ <u>30.00</u> | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |  |                 |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/07/2023</u><br>Name & Address:<br><b>REOLA HAMMOND</b><br><b>17325 SPRENGER AVE</b><br><b>EASTPOINTE, MI 48021</b>                                                                   |  | \$ <u>30.00</u> | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |  |                 |                                                                                 |

Page Subtotal **165.00**

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 140319  
2. Committee Name CTE THERESA MCGARITY

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>10/07/2023</u><br>Name & Address:<br>LATOYA MCGLAUN<br>23 DICKINSON ST<br>UNIT D<br>MT CLEMENS, MI 48043<br>5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  | \$ <u>30.00</u> | \$ <u>30.00</u>                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/07/2023</u><br>Name & Address:<br>ROGER BUNTON<br>54 W BREITMEYER PL<br>MT CLEMENS, MI 48043<br>5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser           |  | \$ <u>30.00</u> | \$ <u>30.00</u>                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/07/2023</u><br>Name & Address:<br>MICHEAL DIXON<br>94 PARK ST<br>MT CLEMENS, MI 48043<br>5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                 |  | \$ <u>15.00</u> | \$ <u>15.00</u>                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/07/2023</u><br>Name & Address:<br>IDA MCGARITY<br>320 CLINTON RIVER DR<br>MT CLEMENS, MI 48043<br>5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser        |  | \$ <u>15.00</u> | \$ <u>15.00</u>                                                                 |

Page Subtotal 90.00

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 140319  
2. Committee Name CTE THERESA MCGARITY

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>10/07/2023</u><br>Name & Address:<br>SHELBY ROBINSON<br>178 SHADYSIDE DR<br>MT CLEMENS, MI 48043                                                                                        |  | \$ <u>15.00</u> | \$ <u>15.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |  |                 |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/07/2023</u><br>Name & Address:<br>BELINDA HARRINGTON<br>149 EUCLID ST<br>MT CLEMENS, MI 48043                                                                                         |  | \$ <u>50.00</u> | \$ <u>50.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |  |                 |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/07/2023</u><br>Name & Address:<br>BERNADINE JONES<br>34 PARK ST<br>MT CLEMENS, MI 48043                                                                                              |  | \$ <u>45.00</u> | \$ <u>45.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |  |                 |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/07/2023</u><br>Name & Address:<br>SALMAR HARRINGTON<br>22648 E PRICE DR<br>CLINTON TWP, MI 48035                                                                                     |  | \$ <u>30.00</u> | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |  |                 |                                                                                 |

Page Subtotal 140.00

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 140319  
2. Committee Name CTE THERESA MCGARITY

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br>MITTIE HARRINGTON<br>108 EUCLID ST<br>MT CLEMENS, MI 48043                                                                                                                                                                                                         |                                           | \$ <u>30.00</u>                      | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br>DAWN YARBROUGH<br>37965 VERONA DR<br>CLINTON TWP, MI 48036                                                                                                                                                                                                         |                                           | \$ <u>30.00</u>                      | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br>GARY STEWART<br>34039 STOCKMAN ST<br>CLINTON TWP, MI 48035                                                                                                                                                                                                         |                                           | \$ <u>15.00</u>                      | \$ <u>15.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br>MARTHA SIMS<br>46471 BENTLEY CIR W<br>MACOMB, MI 48044                                                                                                                                                                                                             |                                           | \$ <u>15.00</u>                      | \$ <u>15.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |

Page Subtotal 90.00

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 140319  
2. Committee Name CTE THERESA MCGARITY

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>10/07/2023</u><br>Name & Address:<br><b>JAMIE CUMMINGS</b><br><b>217 N BROADWAY ST</b><br><b>MT CLEMENS, MI 48043</b>                                                                   |  | \$ <u>30.00</u> | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |  |                 |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/07/2023</u><br>Name & Address:<br><b>DENISE GOLDSMITH</b><br><b>315 CLINTON RIVER DR</b><br><b>MT CLEMENS, MI 48043</b>                                                               |  | \$ <u>30.00</u> | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |  |                 |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/07/2023</u><br>Name & Address:<br><b>JAKE LEE</b><br><b>49 RATHBONE ST</b><br><b>MT CLEMENS, MI 48043</b>                                                                            |  | \$ <u>60.00</u> | \$ <u>60.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |  |                 |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/07/2023</u><br>Name & Address:<br><b>SHELL HARRIS</b><br><b>650 CLINTON RIVER DR</b><br><b>MT CLEMENS, MI 48043</b>                                                                  |  | \$ <u>15.00</u> | \$ <u>15.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |  |                 |                                                                                 |

Page Subtotal 135.00

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

1. Committee I.D. Number 140319  
2. Committee Name CTE THERESA MCGARITY

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br>KENDALL TALLEY<br>212 NORTH AVE<br>MT CLEMENS, MI 48043                                                                                                                                                                                                            |                                           | \$ <u>15.00</u>                      | \$ <u>15.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br>DONITA JOHNSON<br>51707 SASS RD<br>NEW BALTIMORE, MI 48047                                                                                                                                                                                                         |                                           | \$ <u>30.00</u>                      | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br>DAVID CLAY<br>34 PARK ST<br>1004<br>MT CLEMENS, MI 48043                                                                                                                                                                                                           |                                           | \$ <u>15.00</u>                      | \$ <u>15.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br>TRACY SNORTON<br>17132 SHELURN DR<br>MACOMB, MI 48044                                                                                                                                                                                                              |                                           | \$ <u>15.00</u>                      | \$ <u>15.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |

Page Subtotal 75.00

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

1. Committee I.D. Number 140319  
2. Committee Name CTE THERESA MCGARITY

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br>ROMEL ATTERBERRY<br>43 INCHES ST<br>MT CLEMENS, MI 48043                                                                                                                                                                                                           |                                           | \$ <u>30.00</u>                      | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br>JOE CUMMINGS<br>222 COURT ST<br>MT CLEMENS, MI 48043                                                                                                                                                                                                               |                                           | \$ <u>15.00</u>                      | \$ <u>15.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br>GREGORY COBB<br>9 FESSENDEN ST<br>MT CLEMENS, MI 48043                                                                                                                                                                                                             |                                           | \$ <u>30.00</u>                      | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br>RUTHIE STEVENS<br>69 BEYNE ST<br>MT CLEMENS, MI 48043                                                                                                                                                                                                              |                                           | \$ <u>15.00</u>                      | \$ <u>15.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |

Page Subtotal 90.00

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

1. Committee I.D. Number 140319  
2. Committee Name CTE THERESA MCGARITY

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br><b>MILES JOHNSON</b><br><b>23953 NEWBERRY DR</b><br><b>CLINTON TWP, MI 48035</b>                                                                                                                                                                                   |                                           | \$ <u>30.00</u>                      | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br><b>WILMA PEOPLES</b><br><b>24312 HARDY ST</b><br><b>CLINTON TWP, MI 48035</b>                                                                                                                                                                                      |                                           | \$ <u>15.00</u>                      | \$ <u>15.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br><b>DONNA HORTON</b><br><b>18222 CHEVAL DR</b><br><b>CLINTON TWP, MI 48038</b>                                                                                                                                                                                      |                                           | \$ <u>15.00</u>                      | \$ <u>15.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br><b>SONYA MCGARITY</b><br><b>13900 PARKVIEW LN</b><br><b>SOUTHGATE, MI 48195</b>                                                                                                                                                                                    |                                           | \$ <u>30.00</u>                      | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |

Page Subtotal 90.00

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 140319  
2. Committee Name CTE THERESA MCGARITY

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br>SHERMAN COTTINGHAM<br>17701 MILLSTONE DR<br>MACOMB, MI 48044                                                                                                                                                                                                       |                                           | \$ <u>30.00</u>                      | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br>ANNE ` BROWN<br>42109 E EDWARD<br>CLINTON TWP, MI 48038                                                                                                                                                                                                            |                                           | \$ <u>30.00</u>                      | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br>BYRON SANDERS<br>35 HOLLYWOOD CT<br>MT CLEMENS, MI 48043                                                                                                                                                                                                           |                                           | \$ <u>30.00</u>                      | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br>ROBERT GLENN<br>101 FLORAL AVE<br>MT CLEMENS, MI 48043                                                                                                                                                                                                             |                                           | \$ <u>30.00</u>                      | \$ <u>30.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |

Page Subtotal 120.00

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 140319  
2. Committee Name CTE THERESA MCGARITY

| 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br><b>HOYT ZANDERS</b><br><b>62 MICHIGAN ST</b><br><b>MT CLEMENS, MI 48043</b>                                                                                                                                                                                                                                          |                                           | \$ <u>15.00</u>                      | \$ <u>15.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                       |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                      | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>10/07/2023</u> |                                                                                 |
| Name & Address:<br><b>CLIFTON MCGARITY</b><br><b>19 INCHES ST</b><br><b>MT CLEMENS, MI 48043</b>                                                                                                                                                                                                                                        |                                           | \$ <u>105.00</u>                     | \$ <u>105.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>COURIER</u> Employer <u>FEDERAL EXPRESS</u><br>Business Address <u>35300 GROESBECK HWY, CLINTON TWP, MI 48035</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                     | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____             |                                                                                 |
| Name & Address: _____                                                                                                                                                                                                                                                                                                                   |                                           | \$ _____                             | \$ _____                                                                        |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                  |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                     | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____             |                                                                                 |
| Name & Address: _____                                                                                                                                                                                                                                                                                                                   |                                           | \$ _____                             | \$ _____                                                                        |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                                  |                                           |                                      |                                                                                 |

Page Subtotal **120.00**

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

**2,065.00**

Enter this total on  
line 3a of Summary  
Page.



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number **140319**

## CANDIDATE COMMITTEE

2. Committee Name **CTE THERESA MCGARITY**

| 3. Name and Address from whom received<br>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).<br>Report <u>all</u> in-kind contributions.                                                                                                                                                                                                  | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>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? <input type="checkbox"/> Yes<br>Name & Address:<br><b>THERESA D MCGARITY</b><br><b>19 INCHES ST</b><br><b>MT CLEMENS, MI 48043</b><br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: <b>OFFICE ASSISTANT SENIOR</b><br>Employer Name & Business Address:<br><b>MACOMB COUNTY</b><br><b>21885 DUNHAM RD,</b><br><b>SUITE 8,</b><br><b>CLINTON TWP, MI 48036</b><br><input checked="" type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>CAMPAIGN ADVERTISING TSHIRT (2)</b><br>5. Date Of Receipt: <b>08/13/2023</b><br>6. <b>Vendor Name &amp; Address:</b><br><b>SONYA HARRINGTON TSHIRTS</b><br><b>18 BARBARA CT,</b><br><b>MT CLEMENS, MI 48043</b>             | \$ <b>20.00</b>                | \$ <b>20.00</b>                                           |
| Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>THERESA D MCGARITY</b><br><b>19 INCHES ST</b><br><b>MT CLEMENS, MI 48043</b><br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: <b>OFFICE ASSISTANT SENIOR</b><br>Employer Name & Address:<br><b>MACOMB COUNTY</b><br><b>21885 DUNHAM RD,</b><br><b>STE 8,</b><br><b>CLINTON TWP, MI 48036</b><br><input checked="" type="checkbox"/> Fund Raiser Contribution            | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>7 CAMPAIGN ADVERTISING TSHIRTS (10.00 EACH)</b><br>5. Date Of Receipt: <b>08/24/2023</b><br>6. <b>Vendor Name &amp; Address:</b><br><b>SONYA HARRINGTON TSHIRTS</b><br><b>18 BARBARA CT,</b><br><b>MT CLEMENS, MI 48043</b> | \$ <b>70.00</b>                | \$ <b>90.00</b>                                           |
| Contribution #3      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>THERESA D MCGARITY</b><br><b>19 INCHES ST</b><br><b>MT CLEMENS, MI 48043</b><br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: <b>OFFICE ASSISTANT SENIOR</b><br>Employer Name & Address:<br><b>MACOMB COUNTY</b><br><b>21885 DUNHAM RD,</b><br><b>SUITE 8,</b><br><b>CLINTON TWP, MI 48036</b><br><input checked="" type="checkbox"/> Fund Raiser Contribution           | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>100 YARD SIGN STANDS FOR ADVERTISING</b><br>5. Date Of Receipt: <b>09/27/2023</b><br>6. <b>Vendor Name &amp; Address:</b><br><b>VISTA PRINT</b><br><b>275 WYMAN ST,</b><br><b>WALTHAM, MA 02451</b>                         | \$ <b>341.60</b>               | \$ <b>431.60</b>                                          |

Page Subtotal **431.60** **0.00**

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

Enter this total  
on line 6 of Summary  
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# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

### CANDIDATE COMMITTEE

1. Committee I. D. Number 140319  
2. Committee Name CTE THERESA MCGARITY

| 3. Name and Address from whom received<br>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).<br>Report <u>all</u> in-kind contributions.                                                                                                                                                                                                  | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>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? <input type="checkbox"/> Yes<br>Name & Address:<br><b>THERESA D MCGARITY</b><br><b>19 INCHES ST</b><br><b>MT CLEMENS, MI 48043</b><br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: <b>OFFICE ASSISTANT SENIOR</b><br>Employer Name & Business Address:<br><b>MACOMB COUNTY</b><br><b>21885 DUNHAM RD,</b><br><b>SUITE 8,</b><br><b>CLINTON TWP, MI 48036</b><br><input checked="" type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <u>100 YARD SIGNS FOR ADVERTISING</u><br>5. Date Of Receipt: <u>09/28/2023</u><br>6. <b>Vendor Name &amp; Address:</b><br><b>VISTA PRINT</b><br><b>275 WYMAN ST,</b><br><b>WALTHAM, MA 02451</b>                      | \$ <u>396.98</u>               | \$ <u>828.58</u>                                          |
| Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>THERESA D MCGARITY</b><br><b>19 INCHES ST</b><br><b>MT CLEMENS, MI 48043</b><br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: <b>OFFICE ASSISTANT SENIOR</b><br>Employer Name & Address:<br><b>MACOMB COUNTY</b><br><b>21885 DUNHAM RD,</b><br><b>CLINTON TWP, MI 48036</b><br><input checked="" type="checkbox"/> Fund Raiser Contribution                             | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <u>2 CAMPAIGN TSHIRTS FOR ADVERTISING</u><br>5. Date Of Receipt: <u>10/04/2023</u><br>6. <b>Vendor Name &amp; Address:</b><br><b>SONYA HARRINGTON TSHIRTS</b><br><b>18 BARBARA CT,</b><br><b>MT CLEMENS, MI 48043</b> | \$ <u>20.00</u>                | \$ <u>20.00</u>                                           |
| Contribution #3      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>THERESA D MCGARITY</b><br><b>19 INCHES ST</b><br><b>MT CLEMENS, MI 48043</b><br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: <b>OFFICE ASSITANT SENIOR</b><br>Employer Name & Address:<br><b>MACOMB COUNTY</b><br><b>21885 DUNHAM RD,</b><br><b>SUITE 8,</b><br><b>CLINTON TWP, MI 48036</b><br><input checked="" type="checkbox"/> Fund Raiser Contribution            | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <u>BREAD FOR FISH FRY</u><br>5. Date Of Receipt: <u>10/05/2023</u><br>6. <b>Vendor Name &amp; Address:</b><br><b>ALDIS</b><br><b>39827 S GROESBECK HWY,</b><br><b>CLINTON TWP, MI 48036</b>                           | \$ <u>40.00</u>                | \$ <u>868.58</u>                                          |

Page Subtotal **456.98** **0.00**

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

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

### CANDIDATE COMMITTEE

1. Committee I. D. Number 140319  
2. Committee Name CTE THERESA MCGARITY

| 3. Name and Address from whom received<br>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).<br>Report <u>all</u> in-kind contributions.                                                                                                                                                                                                 | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>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? <input type="checkbox"/> Yes<br>Name & Address:<br><b>THERSA D MCGARITY</b><br><b>19 INCHES ST</b><br><b>MT CLEMENS, MI 48043</b><br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: <b>OFFICE ASSISTANT SENIOR</b><br>Employer Name & Business Address:<br><b>MACOMB COUNTY</b><br><b>21885 DUNHAM RD,</b><br><b>SUITE 8,</b><br><b>CLINTON TWP, MI 48036</b><br><input checked="" type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>CATFISH BY THE CASE</b><br>5. Date Of Receipt: <b>10/05/2023</b><br>6. <b>Vendor Name &amp; Address:</b><br><b>KROGER</b><br><b>26300 CROCKER BLVD,</b><br><b>HARRISON TWP, MI 48045</b>                       | \$ <b>506.43</b>               | \$ <b>526.43</b>                                          |
| Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>THERESA D MCGARITY</b><br><b>19 INCHES ST</b><br><b>MT CLEMENS, MI 48043</b><br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: <b>OFFICE ASSISTANT SENIOR</b><br>Employer Name & Address:<br><b>MACOMB COUNTY</b><br><b>21885 DUNHAM RD,</b><br><b>SUITE 8,</b><br><b>CLINTON TWP, MI 48036</b><br><input checked="" type="checkbox"/> Fund Raiser Contribution         | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>STICKERS TO SAY THANK YOU FOR SUPPORT FOR DINNERS</b><br>5. Date Of Receipt: <b>10/05/2023</b><br>6. <b>Vendor Name &amp; Address:</b><br><b>AMAZON</b><br><b>410 TERRY AVE N,</b><br><b>SEATTLE, WA 98109</b> | \$ <b>13.77</b>                | \$ <b>882.35</b>                                          |
| Contribution #3      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>THERESA D MCGARITY</b><br><b>19 INCHES ST</b><br><b>MT CLEMENS, MI 48043</b><br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: <b>OFFICE ASSISTANT SENIOR</b><br>Employer Name & Address:<br><b>MACOMB COUNTY</b><br><b>21885 DUNHAM RD,</b><br><b>SUITE 8,</b><br><b>CLINTON TWP, MI 48036</b><br><input checked="" type="checkbox"/> Fund Raiser Contribution          | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <b>200 COUNT HOT SAUCE PACKETS FOR FUNDRAISER</b><br>5. Date Of Receipt: <b>10/05/2023</b><br>6. <b>Vendor Name &amp; Address:</b><br><b>AMAZON</b><br><b>410 TERRY AVE N,</b><br><b>SEATTLE, WA 98109</b>        | \$ <b>43.90</b>                | \$ <b>926.25</b>                                          |

Page Subtotal **564.10** **526.43**

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

Enter this total  
on line 6 of Summary  
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# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number **140319**

## CANDIDATE COMMITTEE

2. Committee Name **CTE THERESA MCGARITY**

| 3. Name and Address from whom received<br>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)<br>5. Date of Receipt<br>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? <input type="checkbox"/> Yes<br>Name & Address:<br><b>THERESA D MCGARITY</b><br><b>19 INCHES ST</b><br><b>MT CLEMENS, MI 48043</b><br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: <b>OFFICE ASSISTANT SENIOR</b><br>Employer Name & Business Address:<br><b>MACOMB COUNTY</b><br><b>21885 DUNHAM RD,</b><br><b>CLINTON TWP, MI 48036</b><br><input checked="" type="checkbox"/> Fund Raiser Contribution | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <u>SUPPLIES AND FOOD FOR THE FISH FRY FUNDRAISER</u><br>5. Date Of Receipt: <u>10/06/2023</u><br>6. Vendor Name & Address:<br><b>SAMS CLUB</b><br><b>31720 GRATIOT AVE,</b><br><b>ROSEVILLE, MI 48066</b> | \$ <b>359.04</b>               | \$ <b>1,285.29</b>                                        |
| Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><b>THERESA D MCGARITY</b><br><b>19 INCHES ST</b><br><b>MT CLEMENS, MI 48043</b><br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation: <b>OFFICE ASSISTANT SENIOR</b><br>Employer Name & Address:<br><b>MACOMB COUNTY</b><br><b>21885 DUNHAM RD,</b><br><b>CLINTON TWP, MI 48036</b><br><input checked="" type="checkbox"/> Fund Raiser Contribution          | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description <u>LONG SLEEVE CAMPAIGN TSHIRTS</u><br>5. Date Of Receipt: <u>10/10/2023</u><br>6. Vendor Name & Address:<br><b>SONYA HARRINGTON TSHIRTS</b><br><b>18 BARBARA CT,</b><br><b>MT CLEMENS, MI 48043</b>      | \$ <b>48.00</b>                | \$ <b>1,333.29</b>                                        |
| Contribution #3      PAC Receipt? <input type="checkbox"/> Yes<br>Name & Address:<br><br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation:<br>Employer Name & Address:<br><br><input type="checkbox"/> Fund Raiser Contribution                                                                                                                                                                                                                   | 4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan<br><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others<br><input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b><br>Description _____<br>5. Date Of Receipt: _____<br>6. Vendor Name & Address:<br><br><a href="#">Click Here for Memo Itemization</a>                                                                                               | \$ _____                       | \$ _____                                                  |

Page Subtotal **407.04** **1,333.29**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule) **1,859.72**

Enter this total  
on line 6 of Summary  
Page



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 140319  
2. Committee Name CTE THERESA MCGARITY

| 3. Name and address of person or vendor to whom paid                                                                                                   | 4. Purpose (Required Information)                                                                                                                                              | 5. Date                   | 6. Amount        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|
| Expenditure #1<br>Name <b>VISTA PRINT</b><br><br>Address<br>275 WYMAN ST<br>WALTHAM, MA 02451<br><br><input checked="" type="checkbox"/> Fund Raiser   | Purpose: <u>BANNER FOR ADVERTISING</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement           | <u>10/13/2023</u><br>Date | \$ <u>247.63</u> |
| Expenditure #2<br>Name <b>MASS MAILINGS</b><br><br>Address<br>35468 MOUND RD<br>STERLING HEIGHTS, MI 48310<br><br><input type="checkbox"/> Fund Raiser | Purpose: <u>POSTAGE FOR MAILING OF POSTCARDS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/17/2023</u><br>Date | \$ <u>770.00</u> |
| Expenditure #3<br>Name <b>VISTA PRINT</b><br><br>Address<br>275 WYMAN ST<br>WALTHAM, MA 02451<br><br><input type="checkbox"/> Fund Raiser              | Purpose: <u>POST CARDS FOR MAILING</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement           | <u>10/18/2023</u><br>Date | \$ <u>546.94</u> |
| Expenditure #4<br>Name <b>VISTA PRINT</b><br><br>Address<br>275 WYMAN ST<br>WALTHAM, MA 02451<br><br><input checked="" type="checkbox"/> Fund Raiser   | Purpose: <u>YARD SIGNS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                       | <u>10/18/2023</u><br>Date | \$ <u>181.53</u> |
| Expenditure #5<br>Name <b>VISTA PRINT</b><br><br>Address<br>275 WYMAN ST<br>WALTHAM, MA 02451<br><br><input checked="" type="checkbox"/> Fund Raiser   | Purpose: <u>YARD STANDS</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                      | <u>10/18/2023</u><br>Date | \$ <u>30.50</u>  |

|                                                                        |          |
|------------------------------------------------------------------------|----------|
| Subtotal this page                                                     | 1,776.60 |
| Grand Total of all Schedules 1B<br>(Complete on last page of Schedule) | 1,776.60 |

Enter this total  
on line 8a of  
Summary Page