



FILED

25 OCT 2023 PM 04:42

MACOMB COUNTY CLERK
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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: 01/19/2023 to 10/22/2023

1. Committee I.D. Number

139506

4. Candidate Last Name

First Name

M.I.

GHARBIE

KAREN

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

COUNCIL, NEW BALTIMORE

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

2. Committee Name

CTE KAREN GHARBIE

5. Committee's Mailing Address

**36182 SAINT CLAIR DRIVE
NEW BALTIMORE, MI 48047**

Area Code and Phone (586) 588-2975
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

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

Area Code & Phone (586) 322-2456

7. Treasurer's Business Address

**28060 GRAHAM DRIVE
CHESTERFIELD, MI 48047**

Area Code and Phone (586) 322-2456

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

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

Area Code and Phone (586) 322-2456

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

10/25/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/25/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139506

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE KAREN GHARBIE

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>9,845.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>9,845.00</u>	(18.) \$ <u>9,845.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>9,845.00</u>	(20.) \$ <u>9,845.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>9,579.74</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>193.20</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>9,772.94</u>	(23.) \$ <u>9,772.94</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>1,500.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>9,845.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>9,845.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>9,772.94</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>72.06</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139506
2. Committee Name CTE KAREN GHARBIE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/30/2023</u>	
Name & Address: KAREN GHARBIE 36182 ST CLAIR DR NEW BALTIMORE, MI 48047		\$ <u>950.00</u>	\$ <u>950.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMIN ASST</u> Employer <u>CHESTERFIELD TOWNSHIP</u> Business Address <u>47275 SUGARBUSH RD, CHESTERFIELD, MI 48047</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/22/2023</u>	
Name & Address: SHAWN MOORE 35443 23 MILE RD NEW BALTIMORE, MI 48047		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>NEXT LEVEL REALTY, LLC</u> Business Address <u>35443 23 MILE RD, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2023</u>	
Name & Address: KEITH L PIONK 52732 LAUREL OAK LN CHESTERFIELD, MI 48047		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>KMP REALTY</u> Business Address <u>52732 LAUREL OAK LN, CHESTERFIELD, MI 48047</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/06/2023</u>	
Name & Address: JULIE HORN 1087 HAWTHORNE RD GROSSE POINTE WOODS, MI 48236		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **2,775.00**

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 139506
2. Committee Name CTE KAREN GHARBIE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/19/2023</u>	
Name & Address: HASSAN H 1953 EDWIN ST HAMTRAMCK, MI 48212		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/20/2023</u>	
Name & Address: KIM ELWARD 46658 SAWYER LN MACOMB, MI 48044		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMINISTRATIVE</u> Employer <u>MACOMB COUNTY</u> Business Address <u>ONE SOUTH MAIN, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/20/2023</u>	
Name & Address: SHANE GIANINO 38340 TRILLIUM PL HARRISON TWP, MI 48045		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/21/2023</u>	
Name & Address: GERALD SHO VAN 49515 NAUTICAL DR NEW BALTIMORE, MI 48047		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>ANYTIME RESTORATION SERVICES</u> Business Address <u>6656 CHICAGO RD, WARREN, MI 48092</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 475.00

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

1. Committee I.D. Number 139506
2. Committee Name CTE KAREN GHARBIE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/21/2023</u>	
Name & Address: RALPH DE BUCCE 37177 BRETT DR NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/21/2023</u>	
Name & Address: LYNDSAY GUNN 36204 ST CLAIR DR NEW BALTIMORE, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/21/2023</u>	
Name & Address: ERIN GIACONA 18126 HOGAN DR MACOMB, MI 48042		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/21/2023</u>	
Name & Address: MICHELLE NIZZA 6743 BABCOCK RD LEXINGTON, MI 48450		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 275.00

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

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2. Committee Name CTE KAREN GHARBIE

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/21/2023</u>	
Name & Address: CASEY OLAH 330 RIVARD BLVD GROSSE POINTE, MI 48230		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/21/2023</u>	
Name & Address: JEFF BOHM 3453 ST CLAIR SHORES BLVD EAST CHINA, MI 48054		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>VIKING FITNESS CTR</u> Business Address <u>3453 ST CLAIR SHORES BLVD, EAST CHINA, MI 48054</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/21/2023</u>	
Name & Address: JOSEPH DROMPP 34861 FRONT ST NEW BALTIMORE, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/21/2023</u>	
Name & Address: JONATHAN VANDENBOSSCHE 39400 W ARCHER DR HARRISON TWP, MI 48045		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 325.00

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/21/2023</u> Name & Address: LINDA HARTMAN 48221 FORBES ST CHESTERFIELD, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/21/2023</u> Name & Address: PAULA CONFLITTI 49843 CRYSTALLINE DR MACOMB, MI 48044		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/21/2023</u> Name & Address: KATHY REINHOLD 19247 BLACK OAKS DR MACOMB, MI 48044		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/21/2023</u> Name & Address: JOHN DUPRAY 50880 ATWOOD ST NEW BALTIMORE, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 200.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/21/2023</u>	
Name & Address: BRIAN DE MUYNCK 48774 POINTE LAKEVIEW NEW BALTIMORE, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/21/2023</u>	
Name & Address: KELLEY LOVATI 7938 ALEXANDRIA DR IRA, MI 48023		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/21/2023</u>	
Name & Address: LISA RICHTER 29753 ALEXANDRIA LN NEW BALTIMORE, MI 48047		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SUGARBUSH TAVERN</u> Business Address <u>27900 21 MILE RD, CHESTERFIELD, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/21/2023</u>	
Name & Address: KOLBY MILLER 1919 HARTLAND WOODS DR HOWELL, MI 48843		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MEDSTAR AMBULANCE</u> Business Address <u>380 GRATIOT AVE, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 550.00

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/21/2023</u> Name & Address: JOHN JOHNSON 58337 THOMAS DR NEW HAVEN, MI 48048		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>SE MICHIGAN CHAMBER OF COMMERCE</u> Business Address <u>59 N WALNUT ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/21/2023</u> Name & Address: KHODER ABDALLAH 38229 PINEBROOK DR STERLING HEIGHTS, MI 48310		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>JUAN MIGUELS</u> Business Address <u>21342 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/21/2023</u> Name & Address: SEBASTIANO PREVITI 61614 COTSWOLD DR WASHINGTON, MI 48094		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SUPERVISOR</u> Employer <u>MACOMB TWP</u> Business Address <u>54111 BROUGHTON RD, MACOMB, MI 48042</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/21/2023</u> Name & Address: SCOTT CHAMBERS 31022 MOCERI CIR WARREN, MI 48088		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 900.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
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1. Committee I.D. Number 139506
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/21/2023</u>	
Name & Address: JOSH SONNENBURG 49785 COMPASS POINT DR NEW BALTIMORE, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/21/2023</u>	
Name & Address: JIM DEHEM 36215 MONROE ST NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/21/2023</u>	
Name & Address: PAUL CLAYCOMB 22330 DENTON DR MACOMB, MI 48044		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/21/2023</u>	
Name & Address: SARA SHUNK 39783 MAZUCHET DR HARRISON TWP, MI 48045		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 250.00

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1. Committee I.D. Number 139506
2. Committee Name CTE KAREN GHARBIE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/21/2023</u> Name & Address: MARK MILLER 35805 MAIN ST NEW BALTIMORE, MI 48047	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/21/2023</u> Name & Address: CHRIS BUNCH 4480 ORION RD ROCHESTER, MI 48306	\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/21/2023</u> Name & Address: JOHN JOHNSON JR 48637 SHADY GLEN DR NEW BALTIMORE, MI 48051	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/21/2023</u> Name & Address: ALANA CHAFFEE 39097 LANSE CREUSE ST HARRISON TWP, MI 48045	\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR ACCT BOOKKEEPER</u> Employer <u>HARRISON TOWNSHIP</u> Business Address <u>38151 LANSE CREUSE ST, HARRISON TWP, MI 48045</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		

Page Subtotal **370.00**

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

1. Committee I.D. Number 139506
2. Committee Name CTE KAREN GHARBIE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/21/2023</u>	
Name & Address: ADAM WRIGHT 907 S CENTER PARK DR SW BYRON CENTER, MI 49315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>GOVT RELATIONS</u> Employer <u>MIDWEST STRATEGY GROUP</u> Business Address <u>101 S WASHINGTON SQUARE, LANSING, MI 48933</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/21/2023</u>	
Name & Address: MICHELLE PALAZZOLO 53300 SHAWN DR CHESTERFIELD, MI 48047		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OFFICE MANAGER</u> Employer <u>SPA RENAISSANCE</u> Business Address <u>85 E BIG BEAVER RD, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/22/2023</u>	
Name & Address: KATHY ELLIOTT 27442 CLARK CIR NEW BALTIMORE, MI 48051		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/22/2023</u>	
Name & Address: JONATHON O'HARA 68721 MAIN ST RICHMOND, MI 48062		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>GREAT LAKES FAMILY OF COMPANIES</u> Business Address <u>32650 23 MILE RD, NEW BALTIMORE, MI 48047</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 750.00

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

1. Committee I.D. Number 139506
2. Committee Name CTE KAREN GHARBIE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>03/22/2023</u>	
Name & Address: ROBERT YENNA 52470 BAKER RD CHESTERFIELD, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/15/2023</u>	
Name & Address: PHILIP KRAFT 50127 WATERLOO CHESTERFIELD, MI 48047		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/29/2023</u>	
Name & Address: JAMES BURTON 1373 SUNVIEW CT ROCHESTER, MI 48307		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>HRC ENGINEERING</u> Business Address <u>555 HULET DR, BLOOMFIELD HILLS, MI 48302</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2023</u>	
Name & Address: PAULINE BENNETT 3681 DRAHNER RD OXFORD, MI 48370		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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

1. Committee I.D. Number 139506
2. Committee Name CTE KAREN GHARBIE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/12/2023</u>	
Name & Address: JIM SAPE 23075 27 MILE RD RAY, MI 48096		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>OUTDOOR EQUIP</u> Business Address <u>23075 27 MILE RD, RAY, MI 48096</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/14/2023</u>	
Name & Address: STEPHANIE YENNA 52470 BAKER RD CHESTERFIELD, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/14/2023</u>	
Name & Address: JOHN JOHNSON 58337 THOMAS DR NEW HAVEN, MI 48048		\$ <u>200.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>SE MICHIGAN CHAMBER OF COMMERCE</u> Business Address <u>59 N WALNUT ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/14/2023</u>	
Name & Address: KHODER ABDALLAH 38229 PINEBROOK DR STERLING HEIGHTS, MI 48310		\$ <u>300.00</u>	\$ <u>700.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>JUAN MIGUELS</u> Business Address <u>21342 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 750.00

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

1. Committee I.D. Number 139506
2. Committee Name CTE KAREN GHARBIE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/14/2023</u>	
Name & Address: STAVROS TOMA 47677 MILONAS DR SHELBY TWP, MI 48315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>STAVROS HOLDINGS</u> Business Address <u>19500 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/14/2023</u>	
Name & Address: ALANA CHAFFEE 39097 LANSE CREUSE ST HARRISON TWP, MI 48045		\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR ACCT BOOKKEEPER</u> Employer <u>HARRISON TOWNSHIP</u> Business Address <u>38151 LANSE CREUSE ST, HARRISON TWP, MI 48045</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/14/2023</u>	
Name & Address: WENDY DOWNING 36460 ALFRED ST NEW BALTIMORE, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/14/2023</u>	
Name & Address: JUDITH DROMPP 36481 FRONT ST NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 450.00

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

1. Committee I.D. Number 139506
2. Committee Name CTE KAREN GHARBIE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/14/2023</u>	
Name & Address: JOHN KAPOUSIS 4893 CREEK DR STERLING HEIGHTS, MI 48314		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/14/2023</u>	
Name & Address: ROBERT HIGGINS 51820 RIVARD RD NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/14/2023</u>	
Name & Address: CHRISTINE LUCIAN 18792 PINE LN MACOMB, MI 48042		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/14/2023</u>	
Name & Address: CATHY BYRUM 53728 MEADOW VIEW LN NEW BALTIMORE, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 350.00

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

1. Committee I.D. Number 139506
2. Committee Name CTE KAREN GHARBIE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/14/2023</u>	
Name & Address: SARA SHUNK 39783 MAZUCHET DR HARRISON TWP, MI 48045		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/14/2023</u>	
Name & Address: BRITTANY TARSENKO 52400 HUNTLEY AVE NEW BALTIMORE, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/14/2023</u>	
Name & Address: ERIN GIACONA 18126 HOGAN DR MACOMB, MI 48042		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/14/2023</u>	
Name & Address: BRYAN BARNETT 3110 FALLEN OAKS CT ROCHESTER HILLS, MI 48309		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 250.00

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

1. Committee I.D. Number 139506
2. Committee Name CTE KAREN GHARBIE

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/14/2023</u>	
Name & Address: GREG MERRITT 37363 LONE PINE CT NEW BALTIMORE, MI 48047		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/14/2023</u>	
Name & Address: DAN WIMPARI 8988 PETZ LAKE CT IMLAY CITY, MI 48444		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/15/2023</u>	
Name & Address: KAREN GHARBIE 36182 ST CLAIR DR NEW BALTIMORE, MI 48047		\$ <u>550.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ADMIN ASST</u> Employer <u>CHESTERFIELD TOWNSHIP</u> Business Address <u>47275 SUGARBUSH RD, CHESETERFIELD, MI 48047</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____ _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **750.00**

Grand Total of All Schedules 1A
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139506
2. Committee Name CTE KAREN GHARBIE

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MEMORY TIME, LLC Address 2280 CUMBERLAND RD ROCHESTER HILLS, MI 48307 ☐ Fund Raiser	Purpose: <u>WEBSITE SET UP</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/06/2023</u> Date	\$ <u>955.00</u>
Expenditure #2 Name BAY-RAMA, INC Address 10612 LA ROCHELLE CT FAIR HAVEN, MI 48023 ☐ Fund Raiser	Purpose: <u>SPONSOR BAY-RAMA PARADE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/10/2023</u> Date	\$ <u>300.00</u>
Expenditure #3 Name G-TEK PROFESSIONAL SERV Address 42888 MOUND RD STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: <u>OUTDOOR SIGNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/17/2023</u> Date	\$ <u>98.05</u>
Expenditure #4 Name FIN'S EATERY AND SPIRITS Address 51006 WASHINGTON ST NEW BALTIMORE, MI 48047 ☒ Fund Raiser	Purpose: <u>DINNER FUNDRAISER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/21/2023</u> Date	\$ <u>856.72</u>
Expenditure #5 Name YOUNIQUE CARDS.COM, INC Address 42816 WILLSHARON ST STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: <u>BUSINESS CARDS, FLYERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/23/2023</u> Date	\$ <u>378.00</u>

Subtotal this page **2,587.77**

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

1. Committee I. D. Number 139506
2. Committee Name CTE KAREN GHARBIE

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name NEW BALTIMORE PARKS & REC Address 36535 GREEN ST NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>SPONSORSHIP NEW BALTIMORE BASEBALL</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/24/2023</u> Date	\$ <u>400.00</u>
Expenditure #2 Name SMITH'S CREEK EQUESTRIAN CTR Address 709 STURDEVANT RD SMITHS CREEK, MI 48074 ☐ Fund Raiser	Purpose: <u>BAYRAMA PARADE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/30/2023</u> Date	\$ <u>100.00</u>
Expenditure #3 Name DOLLAR TREE Address 35340 23 MILE RD NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>PARADE EXPENSES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/31/2023</u> Date	\$ <u>23.32</u>
Expenditure #4 Name HORTOS ADVERTISING Address 6715 RIVER RD MARINE CITY, MI 48039 ☐ Fund Raiser	Purpose: <u>PRINTING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/01/2023</u> Date	\$ <u>225.00</u>
Expenditure #5 Name ANCHOR BAY CHAMBER OF COMMERCE Address 51150 BEDFORD ST NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>SPONSOR ANCHOR BAY TASTEFEST</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/10/2023</u> Date	\$ <u>250.00</u>

Subtotal this page

998.32

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

1. Committee I. D. Number 139506
2. Committee Name CTE KAREN GHARBIE

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name NEW BALTIMORE RAVENS Address P O BOX 873 NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>NEW BALTIMORE RAVENS FOOTBALL SPONSOR</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/11/2023</u> Date	\$ <u>750.00</u>
Expenditure #2 Name NEW BALTIMORE PARKS & REC Address 36535 GREEN ST NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>SPONSOR SENIOR OPEN HOUSE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/12/2023</u> Date	\$ <u>150.00</u>
Expenditure #3 Name JOANN FABRICS Address 50809 WATERSIDE DR CHESTERFIELD, MI 48051 ☐ Fund Raiser	Purpose: <u>T SHIRTS/ PARADE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/22/2023</u> Date	\$ <u>157.72</u>
Expenditure #4 Name THE CRAFT HUT SCS Address 22340 HARPER AVE ST CLAIR SHORES, MI 48080 ☐ Fund Raiser	Purpose: <u>T SHIRT DECOR/PARADE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/12/2023</u> Date	\$ <u>101.19</u>
Expenditure #5 Name TARGET Address 51400 GRATIOT AVE CHESTERFIELD, MI 48051 ☐ Fund Raiser	Purpose: <u>T SHIRTS/PARADE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/12/2023</u> Date	\$ <u>23.32</u>

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1,182.23

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

1. Committee I. D. Number **139506**
2. Committee Name **CTE KAREN GHARBIE**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name YOUNIQUE CARDS.COM, INC Address 42816 WILLSHARON ST STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: PRINTING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/19/2023 Date	\$ 35.00
Expenditure #2 Name BJ'S Address 45101 TOWNE CENTER BLVD NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: CANDY/PARADE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/26/2023 Date	\$ 118.93
Expenditure #3 Name HOBBY LOBBY Address 50700 GRATIOT AVE NEW BALTIMORE, MI 48051 ☐ Fund Raiser	Purpose: T SHIRT DECOR/PARADE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/26/2023 Date	\$ 24.98
Expenditure #4 Name YOUNIQUE CARDS.COM, INC Address 42816 WILLSHARON ST STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/05/2023 Date	\$ 1,085.00
Expenditure #5 Name YPT GLOBAL EDGE Address 42705 GRAND RIVER AVE NOVI, MI 48375 ☐ Fund Raiser	Purpose: SPONSOR YOUNG PEOPLE TRAVEL ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	07/16/2023 Date	\$ 500.00

Subtotal this page

1,763.91

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **139506**
2. Committee Name **CTE KAREN GHARBIE**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CITY OF NEW BALTIMORE Address 36535 GREEN ST NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>SPONSOR TRICK OR TREAT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/23/2023</u> Date	\$ <u>110.00</u>
Expenditure #2 Name YOUNIQUE CARDS.COM, INC Address 42816 WILLSHARON ST STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: <u>POSTCARDS, POSTAGE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/11/2023</u> Date	\$ <u>1,386.00</u>
Expenditure #3 Name LITTLE CAMILLE'S BY THE BAY Address 51083 WASHINGTON ST NEW BALTIMORE, MI 48047 ☒ Fund Raiser	Purpose: <u>FUNDRAISER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/14/2023</u> Date	\$ <u>237.64</u>
Expenditure #4 Name ANCHOR BAY CHAMBER OF COMMERCE Address 51150 BEDFORD ST NEW BALTIMORE, MI 48047 ☐ Fund Raiser	Purpose: <u>MEET THE CANDIDATE FORUM</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/18/2023</u> Date	\$ <u>50.00</u>
Expenditure #5 Name YOUNIQUE CARDS.COM, INC Address 42816 WILLSHARON ST STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: <u>POSTCARDS/POSTAGE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/03/2023</u> Date	\$ <u>953.87</u>

Subtotal this page **2,737.51**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139506
2. Committee Name CTE KAREN GHARBIE

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name HORTOS ADVERTISING Address 6715 RIVER RD MARINE CITY, MI 48039 ☐ Fund Raiser	Purpose: <u>GRAPHIC DESIGN</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/17/2023</u> Date	\$ <u>310.00</u>
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ Click Here for Memo Itemization Type ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page	310.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)	9,579.74

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139506
2. Committee Name CTE KAREN GHARBIE

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: KAREN GHARBIE 36182 ST CLAIR DR NEW BALTIMORE, MI 48047	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>01/30/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>950.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>950.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by: KAREN GHARBIE 36182 ST CLAIR DR NEW BALTIMORE, MI 48047	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/15/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>550.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>550.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1,500.00

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

1,500.00

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

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **139506**
2. Committee Name **CTE KAREN GHARBIE**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 03/21/2023	4. Number of Individuals Attending or Participating (whichever is greater) 50	5. Type of Fund Raising Activity DINNER FUNDRAISER	6. Address and Name (If any) of the place where the activity was held. FIN'S EATERY AND SPIRITS 51006 WASHINGTON ST NEW BALTIMORE, MI 48047 ☐ Private Residence
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7. Total Contributions **4,295.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **4,295.00**
10. Total Cost of Event **856.72**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **139506**
2. Committee Name **CTE KAREN GHARBIE**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 09/14/2023	4. Number of Individuals Attending or Participating (whichever is greater) 40	5. Type of Fund Raising Activity DINNER FUNDRAISER	6. Address and Name (If any) of the place where the activity was held. LITTLE CAMILLE'S BY THE BAY 51083 WASHINGTON ST NEW BALTIMORE, MI 48047 ☐ Private Residence
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7. Total Contributions **2,300.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **2,300.00**
10. Total Cost of Event **237.64**
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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