

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONSCANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

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

1. Committee I.D. Number 140262		3. This Statement covers From: <u>07/01/2023</u> to <u>10/28/2023</u>	
2. Committee Name CTE JASON HARVEY		4. Candidate Last Name HARVEY First Name JASON M.I. D 4a. Office Sought Including District # or Community Served (If applicable) NEW BALTIMORE CITY COUNCIL 4b. County of Residence MACOMB	
5. Committee's Mailing Address 36676 POPLAR DR NEW BALTIMORE, MI 48047 Area Code and Phone <u>(586) 855-7123</u> 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 JEFFREY T BYRUM 53728 MEADOW VIEW LN NEW BALTIMORE, MI 48047 Area Code & Phone <u>(313) 310-5534</u>	
7. Treasurer's Business Address 53728 MEADOW VIEW LN NEW BALTIMORE, MI 48047 Area Code and Phone <u>(586) 330-9891</u>		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) JASON HARVEY 36676 POPLAR DR NEW BALTIMORE, MI 48047 Area Code and Phone <u>(586) 855-7123</u>	
9. TYPE OF STATEMENT 9a. ☒ Pre-Election OR 9b. ☐ Post-Election Pre-Election or Post-Election Statement relates to: ☐ Primary ☒ General ☐ Convention ☐ Special ☐ School ☐ Caucus Date of Election, Convention or Caucus <u>11/07/2023</u>		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.) 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 JEFFREY T BYRUM Type or Print Name		Signature <u>Jeffrey T. Byrum</u> Date <u>10/27/2023</u>	
Candidate JASON HARVEY Type or Print Name		Signature <u>Jason Harvey</u> Date <u>10/27/2023</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140262

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE JASON HARVEY

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>4,523.48</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$4,523.48</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>\$0.00</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	_____	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$0.00</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>\$0.00</u>	(22.) \$ _____
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$4,479.79</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$4,479.79</u>	(23.) \$ _____
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.) \$ _____
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>\$0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$4,523.48</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$4,523.48</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$4,479.79</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$43.69</u>	*



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140262
2. Committee Name CTE JASON HARVEY

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 all contributions regardless of amount.

6. Amount
310.00

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 9-28-2023

Name & Address:

Rence Dery
51599 Sass Road, Chesterfield MI, 48047

\$ 250.00 \$ _____
CHECK
Click Here for Memo Itemization

5. If over \$100.00 cumulative, please provide:

Occupation Retired Employer None

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 9-28-2023

Name & Address

Geraldyn Schaller
36605 Crimson Lane New Baltimore MI, 48047

\$ 20.00 \$ _____
Click Here for Memo Itemization

5. If over \$100.00 cumulative, please provide:

Occupation Retired Employer _____

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 9-28-2023

Name & Address:

Michelle Boyd -Trini's
52196 Huntley Ave New Baltimore MI 48047

\$ 20.00 \$ _____
Click Here for Memo Itemization

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 9-28-2023

Name & Address

Maureen Vitale
38315 Mardicks Drive New Baltimore MI, 48047

\$ 20.00 \$ _____
Click Here for Memo Itemization

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

310.00

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140262

2. Committee Name CTE JASON HARVEY

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 all contributions regardless of amount.

6. Amount

380.00

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1

PAC Receipt?

☐ YES

4. Date of Receipt 9-28-2023

Name & Address:

Jim & Sharlene Bretz

34058 Summerhill Lane Chesterfield MI

\$ 100.00

CHECK

[Click Here for Memo Itemization](#)

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 9-28-2023

Name & Address

Chris Melache

51161 Taylor, New Baltimore MI, 48047

\$ 60.00

[Click Here for Memo Itemization](#)

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 9-28-2023

Name & Address:

TIM WEBB

51965 Fox Pointe Dr, New Baltimore MI

\$ 20.00

[Click Here for Memo Itemization](#)

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 9-28-2023

Name & Address

Jerry Schovan

49515 Nautical Drive New Baltimore MI 48047,

\$ 200.00

[Click Here for Memo Itemization](#)

5. If over \$100.00 cumulative, please provide:

Occupation Restoration Services Employer Anytime Restoration

Business Address _____

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

Page Subtotal

380.00

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140262
2. Committee Name CTE JASON HARVEY

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 all contributions regardless of amount.

6. Amount

520.00

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES

4. Date of Receipt 9-28-2023

Name & Address:

Becca Rodriguez
51022 Washington St.

\$ 100.00

\$ _____

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 9-28-2023

Name & Address

Jason Solgot
36654 Poplar Dr, New Baltimore MI 48047

\$ 50.00

\$ _____

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 9-28-2023

Name & Address:

Cheryl Hartley
50411 Lagae St New Baltimore MI, 48047

\$ 70.00

\$ _____

5. If over \$100.00 cumulative, please provide:

Occupation Retired Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 9-28-2023

Name & Address

Donald Harvey
30820 Longview Warren MI 48093

\$ 300.00

\$ _____

5. If over \$100.00 cumulative, please provide:

Occupation Retired Employer None

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal

520.00

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 140262
2. Committee Name CTE JASON HARVEY

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 Name & Address: <u>Lynn Bell</u> <u>50000 Taylor street New Baltimore MI 48047</u>		<u>700.00</u>	<u>1600.00</u>
PAC Receipt? ☐ YES 4. Date of Receipt <u>10-6-2023</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>NONE</u>		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 Name & Address: <u>Michelle Donovan</u> <u>35526 Windridge Drive, New Baltimore, MI 48047</u>		<u>500.00</u>	
PAC Receipt? ☐ YES 4. Date of Receipt <u>9-28-2023</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Clark Hill Law</u>		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #3 Name & Address: <u>Zachary Brown</u> <u>5574 Arbor Chase Drive Ann Arbor MI 48103</u>		<u>200.00</u>	
PAC Receipt? ☐ YES 4. Date of Receipt <u>10-16-2023</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>Uoem</u>		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #4 Name & Address: <u>Katy Harvey</u> <u>36676 Poplar Drive New Baltimore MI 48047</u>		<u>200.00</u>	
PAC Receipt? ☐ YES 4. Date of Receipt <u>9-6-2023</u>			
5. If over \$100.00 cumulative, please provide: Occupation <u>Manager</u> Employer <u>TD Auto Finance</u>		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

1,600.00

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

Enter this total on
line 3a of Summary
Page.



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 140262
2. Committee Name CTE JASON HARVEY

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 all 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 7-18-2023
Name & Address:

Margaret Schiller
48749 Rockview Rd Novi 48374

\$ 50.00 \$

5. If over \$100.00 cumulative, please provide:

Occupation Retired Employer None

[Click Here for Memo Itemization](#)

Business Address

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 8-28-2023
Name & Address:

JASON HARVEY
36676 poplar Drive New Baltimore MI 48047

\$ 500.00 \$

5. If over \$100.00 cumulative, please provide:

Occupation Law enforcement Employer Warren

[Click Here for Memo Itemization](#)

Business Address

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 9-28-2023
Name & Address:

JASON HARVEY
36676 poplar Drive New Baltimore MI 48047

\$ 720.00 \$

5. If over \$100.00 cumulative, please provide:

Occupation Law enforcement Employer Warren

[Click Here for Memo Itemization](#)

Business Address

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 8-8-2023
Name & Address:

Christina Hines
3224 W Wilson Ave Royal Oak MI 48073

\$ 50.00 \$

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

1320.00

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 140262
2. Committee Name Committee To Elect Jason Harvey

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 Name & Address: <u>Susan molnar</u> <u>54306 macintosh Drwer New Baltimore MI 48049</u>	PAC Receipt? ☐ YES 4. Date of Receipt <u>9-18-2023</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		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>michele Krause</u> <u>35066 Newport Court New Baltimore MI 48047</u>	PAC Receipt? ☐ YES 4. Date of Receipt <u>9-25-2023</u>	<u>\$ 51.99</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: <u>Karen Gharbie</u> <u>36182 st Clair Dr, New Baltimore MI 48047</u>	PAC Receipt? ☐ YES 4. Date of Receipt <u>9-28-2023</u>	<u>\$ 51.99</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: <u>Brittany April</u> <u>52900 Hantley Ave, New Baltimore MI 48047</u>	PAC Receipt? ☐ YES 4. Date of Receipt <u>9-29-2023</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		Click Here for Memo Itemization	

Page Subtotal

173.98

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 140262
2. Committee Name Committee To Elect Jason Harvey

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 Name & Address: <u>Don Harvey</u> <u>30820 Longview Warren MI 48093</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>None</u> Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ <u>219.50</u>	Click Here for Memo Itemization
3. Contribution #2 Name & Address _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ _____	Click Here for Memo Itemization
3. Contribution # 3 Name & Address _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ _____	Click Here for Memo Itemization
3. Contribution # 4 Name & Address _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		\$ _____	Click Here for Memo Itemization

Page Subtotal

219.50

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 123456-7
2. Committee Name Committee To Elect John Smith

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Amazon</u> Address <u>410 Terry Ave N</u> <u>Seattle, Washington 98109</u> ☐ Fund Raiser	Purpose: <u>Candy/Halloween event</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-16-23</u> Date	<u>\$416.61</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Anchor Bay Countryfest</u> Address <u>36300 Front St</u> <u>New Baltimore MI</u> ☐ Fund Raiser	Purpose: <u>Sponsor event</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-28-23</u> Date	<u>\$ 750.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>BJ's</u> Address <u>45101 Towne Center</u> <u>Bld Chesterfield MI</u> ☐ Fund Raiser	Purpose: <u>Senior event</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-21-23</u> Date	<u>\$ 75.95</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>Byrum, LLC</u> Address <u>53739 meadow view lane</u> <u>New Baltimore MI 48047</u> ☐ Fund Raiser	Purpose: <u>Shirts</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-20-23</u> Date	<u>\$254.40</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>City of New Baltimore</u> Address <u>36535 Green St</u> <u>New Baltimore MI 48047</u> ☐ Fund Raiser	Purpose: <u>Absentee list</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-25-23</u> Date	<u>\$ 20.00</u> Click Here for Memo Itemization Type

Subtotal this page 1576.96
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 123456-7
2. Committee Name Committee To Elect John Smith

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Damon Igel memorial</u> Address <u>52400 Huntley Ave</u> <u>New Baltimore MI 48047</u> ☐ Fund Raiser	Purpose: <u>Sponsorship</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-8-23</u> Date	<u>\$ 100.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Families against Narcotics</u> Address <u>18900 15 mile Rd</u> <u>Clinton Twp MI 48035</u> ☐ Fund Raiser	Purpose: <u>Sponsorship</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7-26-23</u> Date	<u>\$ 100.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>Finn's</u> Address <u>51000 Washington St</u> <u>New Baltimore MI 48047</u> ☒ Fund Raiser	Purpose: <u>Food</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-16-23</u> Date	<u>\$ 150.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>meijer</u> Address <u>36865 26 mile Rd</u> <u>New Haven MI 48048</u> ☒ Fund Raiser	Purpose: <u>Food/Event</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-23-23</u> Date	<u>\$ 63.60</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>New Baltimore Parks and Rec</u> Address <u>52401 Ashley St</u> <u>New Baltimore MI 48047</u> ☐ Fund Raiser	Purpose: <u>Sponsorship</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9-6-23</u> Date	<u>\$ 700.00</u> Click Here for Memo Itemization Type

Subtotal this page 1,163.60
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 123456-7
2. Committee Name Committee To Elect John Smith

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Original print shop</u> Address <u>270 S Telegraph Rd</u> <u>Pontiac, MI 48341</u> ☐ Fund Raiser	Purpose: <u>Mailing</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-13-23</u> Date	<u>\$ 1,559.83</u>
Expenditure #2 Name <u>VRtagprint</u> Address <u>447 Advance Blvd</u> <u>Tecumseh, on Canada</u> ☐ Fund Raiser	Purpose: <u>Print material</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8-1-23</u> Date	<u>\$ 239.40</u>
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page

1799.23

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

Enter this total
on line 8a of
Summary Page