



FILED

06 DEC 2023 PM 03:30

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: 10/23/2023 to 11/27/2023

1. Committee I.D. Number

140303

2. Committee Name

ELECT KRISTINE CROOK

4. Candidate Last Name

CROOK

First Name

KRISTINE

M.I.

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

COUNCIL, ST. CLAIR SHORES

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

5. Committee's Mailing Address

**22802 CLAIRWOOD STREET
ST CLAIR SHORES, MI 48080**

Area Code and Phone (586) 438-5747
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

**MELISSA CROOK
22802 CLAIRWOOD STREET
ST CLAIR SHORES, MI 48080**

Area Code & Phone (248) 990-0242

7. Treasurer's Business Address

**22802 CLAIRWOOD STREET
ST CLAIR SHORES, MI 48080**

Area Code and Phone (248) 990-0242

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

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

Date of Election, Convention or Caucus

11/07/2023

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

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

12/06/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

12/06/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140303

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name ELECT KRISTINE CROOK

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>143.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>143.00</u>	(18.) \$ <u>143.00</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>143.00</u>	(20.) \$ <u>143.00</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>2,404.88</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>2,404.88</u>	(23.) \$ <u>2,404.88</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>2,272.23</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>143.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2,415.23</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2,404.88</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>10.35</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140303
2. Committee Name ELECT KRISTINE CROOK

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>10/24/2023</u> Name & Address: JEAN-PHILIPPE FALETTA 41101 WORTHINGTON CLINTON TWP, MI 48038		\$ <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 #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/27/2023</u> Name & Address: CHARLES PALMER 21607 LAKELAND ST ST CLAIR SHORES, MI 48081		\$ <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>10/28/2023</u> Name & Address: TAMMY HANKINS 109 KALAMA AVE MADISON HEIGHTS, MI 48071		\$ <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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/29/2023</u> Name & Address: DANA ZAJAC 4008 OAKVIEW CT WOODSTOCK, GA 30189		\$ <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 **140.00**

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 140303
2. Committee Name ELECT KRISTINE CROOK

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>11/01/2023</u>	
Name & Address: JENNIFER ORESTI 23816 GROVE ST ST CLAIR SHORES, MI 48080		\$ <u>3.00</u>	\$ <u>3.00</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 _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **3.00**

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

143.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140303**
2. Committee Name **ELECT KRISTINE CROOK**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name BULK FOOD MARKETPLACE Address 21514 HARPER AVE ST CLAIR SHORES, MI 48080 ☐ Fund Raiser	Purpose: <u>HALLOWEEN GET OUT THE VOTE EVENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/25/2023</u> Date	\$ <u>78.43</u>
Expenditure #2 Name SOUTH LAKE PUBLIC SCHOOLS PTO Address 23101 STADIUM DR ST CLAIR SHORES, MI 48080 ☐ Fund Raiser	Purpose: <u>SCHOOL FUNDRAISER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/25/2023</u> Date	\$ <u>100.00</u>
Expenditure #3 Name 9 MACK MERCHANTS ASSOCIATION Address 23410 GREATER MACK AVE ST CLAIR SHORES, MI 48080 ☐ Fund Raiser	Purpose: <u>HALLOWEEN GET OUT THE VOTE EVENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/25/2023</u> Date	\$ <u>50.00</u>
Expenditure #4 Name PARTY ADVENTURE Address 23400 GREATER MACK AVE ST CLAIR SHORES, MI 48080 ☐ Fund Raiser	Purpose: <u>HALLOWEEN GET OUT THE VOTE EVENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/26/2023</u> Date	\$ <u>40.21</u>
Expenditure #5 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: <u>HALLOWEEN GET OUT THE VOTE EVENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/27/2023</u> Date	\$ <u>139.93</u>

Subtotal this page

408.57

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 **140303**
2. Committee Name **ELECT KRISTINE CROOK**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MEIJER #306 Address 30800 LITTLE MACK AVE ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: <u>HALLOWEEN GET OUT THE VOTE EVENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/27/2023</u> Date	\$ <u>70.93</u>
Expenditure #2 Name GIPSON CLOTHING Address 21925 SUNNYSIDE ST ST CLAIR SHORES, MI 48080 ☐ Fund Raiser	Purpose: <u>CAMPAIGN T-SHIRTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/27/2023</u> Date	\$ <u>181.26</u>
Expenditure #3 Name JOHNNY Z'S PIZZERIA Address 28210 HARPER AVE ST CLAIR SHORES, MI 48081 ☐ Fund Raiser	Purpose: <u>VOLUNTEER APPRECIATION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/27/2023</u> Date	\$ <u>61.86</u>
Expenditure #4 Name PARTY ADVENTURE Address 23400 GREATER MACK AVE ST CLAIR SHORES, MI 48080 ☐ Fund Raiser	Purpose: <u>HALLOWEEN GET OUT THE VOTE EVENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/2023</u> Date	\$ <u>7.40</u>
Expenditure #5 Name CVS Address 22515 GREATER MACK AVE ST CLAIR SHORES, MI 48080 ☐ Fund Raiser	Purpose: <u>HALLOWEEN GET OUT THE VOTE BAGS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/2023</u> Date	\$ <u>29.98</u>

Subtotal this page

351.43

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 **140303**
2. Committee Name **ELECT KRISTINE CROOK**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name AMERICAN GRAPHICS PRINTING Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: CAMPAIGN MAILER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/01/2023 Date	\$ 655.48
Expenditure #2 Name ACT BLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACT BLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/01/2023 Date	\$ 3.06
Expenditure #3 Name SCALE TO WIN, LLC Address 13742 HARPER ST SANTA ANA, CA 92703 ☐ Fund Raiser	Purpose: TEXT CAMPAIGN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/03/2023 Date	\$ 648.97
Expenditure #4 Name GREAT LAKES ACE Address 23245 GREATER MACK AVE ST CLAIR SHORES, MI 48080 ☐ Fund Raiser	Purpose: ELECTION DAY SIGNAGE SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/07/2023 Date	\$ 8.46
Expenditure #5 Name GREAT LAKES ACE Address 23245 GREATER MACK AVE ST CLAIR SHORES, MI 48080 ☐ Fund Raiser	Purpose: ELECTION DAY SIGN SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/07/2023 Date	\$ 2.12

Subtotal this page **1,318.09**

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 **140303**
2. Committee Name **ELECT KRISTINE CROOK**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SCALE TO WIN, LLC Address 13742 HARPER ST SANTA ANA, CA 92703 ☐ Fund Raiser	Purpose: TEXT CAMPAIGN ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/09/2023 Date	\$ 274.83
Expenditure #2 Name ACT BLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACT BLUE FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/27/2023 Date	\$ 0.05
Expenditure #3 Name ACT BLUE Address PO BOX 441146 SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: ACT BLUE MISC FEES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	11/27/2023 Date	\$ 51.91
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Click Here for Memo Itemization Type	_____ Date	\$ _____

Subtotal this page **326.79**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **2,404.88**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140303
2. Committee Name ELECT KRISTINE CROOK

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: KRISTINE CROOK 22802 CLAIRWOOD ST ST CLAIR SHORES, MI 48080	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>09/12/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 100.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 100.00</u> ☒ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</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> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

0.00

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

0.00

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.