



FILED

31 JUL 2023 PM 02:20

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: 12/22/2022 to 07/23/2023

1. Committee I.D. Number

**140260**

2. Committee Name

**CTE MICHELLE NARD FOR MAYOR**

4. Candidate Last Name

**NARD**

First Name

**MICHELLE**

M.I.

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

**MAYOR, WARREN**

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

5. Committee's Mailing Address

**P O BOX 5161  
WARREN, MI 48090**

Area Code and Phone (586) 339-6165  
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

**MICHELLE NARD  
7229 HUDSON AVE  
WARREN, MI 48091**

Area Code & Phone (586) 339-6165

7. Treasurer's Business Address

**7229 HUDSON AVE  
WARREN, MI 48091**

Area Code and Phone (586) 339-6165

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

**MICHELLE NARD  
P O BOX 5161  
WARREN, MI 48090**

Area Code and Phone (586) 339-6165

**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

08/08/2023

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

07/31/2023

Candidate

Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

07/31/2023



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 140260

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name CTE MICHELLE NARD FOR MAYOR

| RECEIPTS                                                                                        | Column I<br>This Period        | Column II<br>Cumulative this election cycle |
|-------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|
| 3. Contributions                                                                                |                                |                                             |
| a. Itemized (Schedule 1A - Column 6)                                                            | (3a.) \$ <u>7,470.00</u>       |                                             |
| b. Unitemized (less than \$20.01 each - no Schedule)                                            | (3b.) \$ <u>NOT APPLICABLE</u> |                                             |
| c. Subtotal of "Contributions"                                                                  | (3c.) \$ <u>7,470.00</u>       | (18.) \$ <u>7,470.00</u>                    |
| 4. Other Receipts (Schedule 1A -1, Column 6)                                                    | (4.) \$ <u>0.00</u>            | (19.) \$ <u>0.00</u>                        |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3c + Line 4)                      | (5.) \$ <u>7,470.00</u>        | (20.) \$ <u>7,470.00</u>                    |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>                                                 |                                |                                             |
| 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>                        |
| <b>EXPENDITURES</b>                                                                             |                                |                                             |
| 8. Expenditures                                                                                 |                                |                                             |
| a. Itemized (Schedule 1B, Column 6)                                                             | (8a.) \$ <u>2,206.47</u>       |                                             |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G)                                                    | (8b.) \$ <u>0.00</u>           |                                             |
| c. Unitemized (less than \$50.01 each - no Schedule)                                            | (8c.) \$ <u>0.00</u>           |                                             |
| <b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)                                  | (9.) \$ <u>2,206.47</u>        | (23.) \$ <u>2,206.47</u>                    |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Officeholders Only)                                 |                                |                                             |
| 10. Disbursements                                                                               |                                |                                             |
| a. Itemized (Schedule 1C, Column 6)                                                             | (10a.) \$ <u>0.00</u>          |                                             |
| b. Unitemized (less than \$50.01 each - no Schedule)                                            | (10b.) \$ <u>0.00</u>          |                                             |
| <b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Add Line 10a + Line 10b)                  | (11.) \$ <u>0.00</u>           | (24.) \$ <u>0.00</u>                        |
| <b>DEBTS AND OBLIGATIONS</b>                                                                    |                                |                                             |
| 12. Debts and Obligations                                                                       |                                |                                             |
| a. Owed <b>by</b> the Committee (Schedule 1E)                                                   | (12a.) \$ <u>0.00</u>          |                                             |
| b. Owed <b>to</b> the Committee (Schedule 1E)                                                   | (12b.) \$ <u>0.00</u>          |                                             |
| <b>BALANCE STATEMENT</b>                                                                        |                                |                                             |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>0.00</u>           |                                             |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>7,470.00</u>     |                                             |
| 15. SUBTOTAL Add lines 13 and 14                                                                | (15.) = \$ <u>7,470.00</u>     |                                             |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ <u>2,206.47</u>     |                                             |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)                                           | (17.) \$ <u>5,263.53</u>       | *                                           |



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140260  
2. Committee Name CTE MICHELLE NARD FOR MAYOR

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/05/2023</u> |                                                                                 |
| Name & Address:<br>GLOBAL INTERPRETING SERVICES<br>42633 GARFIELD RD<br>CLINTON TWP, MI 48038                                                                                                                                                                                         |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/13/2023</u> |                                                                                 |
| Name & Address:<br>SHANTALE NARD<br>33574 BERVILLE CT<br>WESTLAND, MI 48186                                                                                                                                                                                                           |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/13/2023</u> |                                                                                 |
| Name & Address:<br>NAJON MOORE<br>7002 MEADOW AVE<br>WARREN, MI 48091                                                                                                                                                                                                                 |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/15/2023</u> |                                                                                 |
| Name & Address:<br>NATIEYA JONES<br>7002 MEADOW AVE<br>WARREN, MI 48091                                                                                                                                                                                                               |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |

Page Subtotal 800.00

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 140260  
2. Committee Name CTE MICHELLE NARD FOR MAYOR

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                             |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                               | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/16/2023</u> |                                                                                 |
| Name & Address:<br><b>MICHELLE NARD</b><br><b>7229 HUDSON AVE</b><br><b>WARREN, MI 48091</b>                                                                                                                                                                                                                                      |                                           | \$ <u>2,000.00</u>                   | \$ <u>2,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>COMMISSIONER</u> Employer <u>MACOMB COUNTY</u><br>Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/19/2023</u> |                                                                                 |
| Name & Address:<br><b>CHRISTIAN JOHNSON</b><br><b>12740 PROSPECT AVE</b><br><b>WARREN, MI 48089</b>                                                                                                                                                                                                                               |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                 |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                               | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/21/2023</u> |                                                                                 |
| Name & Address:<br><b>TOBIAS NARD</b><br><b>25634 KITCH ST</b><br><b>DEARBORN HEIGHTS, MI 48125</b>                                                                                                                                                                                                                               |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                 |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                               | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/25/2023</u> |                                                                                 |
| Name & Address:<br><b>TRACEY YULCO</b><br><b>13359 ANDOVER DR</b><br><b>PLYMOUTH TWP, MI 48170</b>                                                                                                                                                                                                                                |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                 |                                           |                                      |                                                                                 |

Page Subtotal 2,300.00

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

1. Committee I.D. Number 140260  
2. Committee Name CTE MICHELLE NARD FOR MAYOR

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/25/2023</u> |                                                                                 |
| Name & Address:<br><b>DIANE WEEMS</b><br><b>18150 RAMSGATE DR</b><br><b>LATHRUP VILLAGE, MI 48076</b>                                                                                                                                                                                 |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/27/2023</u> |                                                                                 |
| Name & Address:<br><b>RANDY HALL</b><br><b>7203 HUDSON AVE</b><br><b>WARREN, MI 48091</b>                                                                                                                                                                                             |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser            |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/27/2023</u> |                                                                                 |
| Name & Address:<br><b>MARCUS ANDERSON</b><br><b>18429 W 8 MILE RD</b><br><b>FARMINGTON HILLS, MI 48336</b>                                                                                                                                                                            |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/27/2023</u> |                                                                                 |
| Name & Address:<br><b>PAUL BREG</b><br><b>20331 HURON DR</b><br><b>CLINTON TWP, MI 48038</b>                                                                                                                                                                                          |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |

Page Subtotal 400.00

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**ITEMIZED CONTRIBUTIONS  
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 140260  
2. Committee Name CTE MICHELLE NARD FOR MAYOR

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                             |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                               | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/27/2023</u> |                                                                                 |
| Name & Address:<br><b>TAMMY PATTON</b><br><b>39150 AYNESLEY ST</b><br><b>CLINTON TWP, MI 48038</b>                                                                                                                                                                                                                                |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                 |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/27/2023</u> |                                                                                 |
| Name & Address:<br><b>MARIA SANAGUSTIN</b><br><b>47514 KATHY CT</b><br><b>SHELBY TWP, MI 48315</b>                                                                                                                                                                                                                                |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                 |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                               | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/27/2023</u> |                                                                                 |
| Name & Address:<br><b>PATRICIA FRESARD</b><br><b>1751 LOCHMOOR BLVD</b><br><b>GROSSE POINTE WOODS, MI 48236</b>                                                                                                                                                                                                                   |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                 |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                               | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/27/2023</u> |                                                                                 |
| Name & Address:<br><b>JOSEPH VICARI</b><br><b>7096 E 14 MILE RD</b><br><b>WARREN, MI 48092</b>                                                                                                                                                                                                                                    |                                           | \$ <u>200.00</u>                     | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RESTAURANT OWNER</u> Employer <u>ANDIAMO</u><br>Business Address <u>7096 E 14 MILE RD, WARREN, MI 48092</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |

Page Subtotal 500.00

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

1. Committee I.D. Number 140260  
2. Committee Name CTE MICHELLE NARD FOR MAYOR

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/27/2023</u> |                                                                                 |
| Name & Address:<br><b>ANITA VENNIRO</b><br><b>5264 MARLWOOD DR</b><br><b>WEST BLOOMFIELD TOWNSHIP, MI 48323</b>                                                                                                                                                                       |                                           | \$ <u>200.00</u>                     | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>SELF EMPLOYED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser      |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/27/2023</u> |                                                                                 |
| Name & Address:<br><b>JEFF FLANIGAN</b><br><b>51032 DEQUINDRE RD</b><br><b>SHELBY TWP, MI 48317</b>                                                                                                                                                                                   |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/27/2023</u> |                                                                                 |
| Name & Address:<br><b>BRIAN SCHAEF</b><br><b>23220 WESTBURY ST</b><br><b>ST CLAIR SHORES, MI 48080</b>                                                                                                                                                                                |                                           | \$ <u>200.00</u>                     | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>SELF EMPLOYED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser      |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                   | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/27/2023</u> |                                                                                 |
| Name & Address:<br><b>PAUL BORG</b><br><b>4271 BRIAR DR</b><br><b>SHELBY TWP, MI 48316</b>                                                                                                                                                                                            |                                           | \$ <u>200.00</u>                     | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>SELF EMPLOYED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser      |                                           |                                      |                                                                                 |

Page Subtotal 700.00

Grand Total of All Schedules 1A  
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line 3a of Summary  
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**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140260  
2. Committee Name CTE MICHELLE NARD FOR MAYOR

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                             |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                               | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/27/2023</u> |                                                                                 |
| Name & Address:<br><b>BRIAN SCALF</b><br>20459 GREELEY ST<br>DETROIT, MI 48203                                                                                                                                                                                                                                                    |                                           | \$ <u>200.00</u>                     | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>SELF EMPLOYED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                  |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/27/2023</u> |                                                                                 |
| Name & Address:<br><b>BRYAN SERIA</b><br>8312 HARDING ST<br>CENTER LINE, MI 48015                                                                                                                                                                                                                                                 |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>SELF EMPLOYED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                  |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                               | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>06/27/2023</u> |                                                                                 |
| Name & Address:<br><b>STEPHANIE HUI</b><br>8312 HARDING ST<br>CENTER LINE, MI 48015                                                                                                                                                                                                                                               |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CASHIER</u> Employer <u>BUSCEMIS</u><br>Business Address <u>24845 VAN DYKE AVE, CENTER LINE, MI 48015</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                               | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>03/16/2023</u> |                                                                                 |
| Name & Address:<br><b>MICHELLE NARD</b><br>7229 HUDSON AVE<br>WARREN, MI 48091                                                                                                                                                                                                                                                    |                                           | \$ <u>1,000.00</u>                   | \$ <u>1,000.00</u>                                                              |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>COMMISSIONER</u> Employer <u>MACOMB COUNTY</u><br>Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |

Page Subtotal 2,200.00

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 140260  
2. Committee Name CTE MICHELLE NARD FOR MAYOR

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.                                           |                                           | 6. Amount                            | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------|
| 3. Contribution # 1                                                                                                                                                                                                                                                                                                             | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>03/23/2023</u> |                                                                                 |
| Name & Address:<br>CHRITOPHER ANTOWSEWSKI<br>30238 ROAN AVE<br>WARREN, MI 48093                                                                                                                                                                                                                                                 |                                           | \$ <u>150.00</u>                     | \$ <u>150.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>SELF EMPLOYED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                              | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>03/23/2023</u> |                                                                                 |
| Name & Address:<br>HIER STEPH<br>8312 HARDING ST<br>CENTER LINE, MI 48015                                                                                                                                                                                                                                                       |                                           | \$ <u>300.00</u>                     | \$ <u>300.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>??ASHIER</u> Employer <u>BUCEMIS</u><br>Business Address <u>24845 VAN DYKE AVE, CENTER LINE, MI 48015</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                             | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>03/23/2023</u> |                                                                                 |
| Name & Address:<br>HURLEY CUMBEE<br>27061 SHERWOOD AVE<br>WARREN, MI 48091                                                                                                                                                                                                                                                      |                                           | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                               |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                             | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>03/23/2023</u> |                                                                                 |
| Name & Address:<br>THOMAS SMITH<br>46586 HEATHMOOR DR<br>NEW BALTIMORE, MI 48051                                                                                                                                                                                                                                                |                                           | \$ <u>20.00</u>                      | \$ <u>20.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____ Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                               |                                           |                                      |                                                                                 |

Page Subtotal 570.00

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

7,470.00

Enter this total on  
line 3a of Summary  
Page.



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number **140260**  
2. Committee Name **CTE MICHELLE NARD FOR MAYOR**

**- USE A SEPARATE SHEET FOR EACH EVENT -**

|                                                 |                                                                                             |                                                       |                                                                                                                                                                                                           |
|-------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Date Event Was Held<br><br><b>03/23/2023</b> | 4. Number of Individuals Attending or Participating (whichever is greater)<br><br><b>40</b> | 5. Type of Fund Raising Activity<br><br><b>DINNER</b> | 6. Address and Name (If any) of the place where the activity was held.<br><b>VANDYKE PLACE HALL</b><br><b>22527 VAN DYKE AVE</b><br><b>WARREN, MI 48089</b><br><input type="checkbox"/> Private Residence |
|-------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

7. Total Contributions **1,570.00**  
8. Other Receipts **0.00**  
9. Gross Receipts (Add lines 7 and 8) **1,570.00**  
10. Total Cost of Event **1,195.00**  
(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.