



FILED

26 OCT 2023 PM 11:57

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: 08/29/2023 to 10/22/2023

1. Committee I.D. Number

140294

4. Candidate Last Name

XIONG

First Name

MAI

M.I.

2. Committee Name

CTE MAI XIONG

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

CLERK, WARREN

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

5. Committee's Mailing Address

**32820 NEWCASTLE DRIVE
WARREN, MI 48093**

6. Treasurer's Name & Residential Address

**MAI XIONG
32820 NEWCASTLE DRIVE
WARREN, MI 48093**

Area Code and Phone (586) 782-2298

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

Area Code & Phone (586) 782-2298

7. Treasurer's Business Address

**32820 NEWCASTLE DRIVE
WARREN, MI 48093**

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

Area Code and Phone (586) 782-2298

Area Code and Phone () -

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

☐ Primary

☒ General

☐ Convention

☐ Special

☐ School

☐ Caucus

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

☐ July Quarterly

☐ October Quarterly

9c. ☐ Annual Statement ()
Coverage Year

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

Date of Election, Convention or Caucus

11/07/2023

9e. Dissolution of Candidate Committee

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

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

Effective date of dissolution

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

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

Current Treasurer or

Designated Record keeper

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/26/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/26/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140294

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE MAI XIONG

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>24,560.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>24,560.00</u>	(18.) \$ <u>50,154.29</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>24,560.00</u>	(20.) \$ <u>50,154.29</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>3,500.00</u>	(21.) \$ <u>3,701.39</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>27,373.16</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>27,373.16</u>	(23.) \$ <u>49,351.42</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>3,616.03</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>24,560.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>28,176.03</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>27,373.16</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>802.87</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140294
2. Committee Name CTE MAI XIONG

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>08/29/2023</u>	
Name & Address: GARY CYNOWA 45451 FIELDING ST MACOMB, MI 48042		\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/30/2023</u>	
Name & Address: KIA VANG 30978 SUTHERLAND AVE WARREN, MI 48088		\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>K VITALITY SPA</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/30/2023</u>	
Name & Address: ROBERT BINSON 7356 VOERNER AVE CENTER LINE, MI 48015		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/30/2023</u>	
Name & Address: CTE ROBERT BINSON 7356 VOERNER AVE CENTER LINE, MI 48015		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 400.00

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
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CANDIDATE COMMITTEE**

1. Committee I.D. Number 140294
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/31/2023</u>	
Name & Address: DENISE MENTZER 1399 KINGSLEY ST MT CLEMENS, MI 48043		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/31/2023</u>	
Name & Address: DONALD UFFORD 784 WOODDALE RD BLOOMFIELD HILLS, MI 48301		\$ <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>08/31/2023</u>	
Name & Address: JANET JOHN 37268 TALL OAK DR CLINTON TWP, MI 48036		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☒ YES	4. Date of Receipt <u>08/31/2023</u>	
Name & Address: IUPAT POLITICAL ACTION TOGETHER POLITICAL COMMITTEE 7234 PARKWAY DR HANOVER, MD 21076		\$ <u>1,000.00</u>	\$ <u>1,500.00</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

1,150.00

Grand Total of All Schedules 1A
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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/01/2023</u>	
Name & Address: LINH SONG 1290 BARDSTOWN TRAIL ANN ARBOR, MI 48105		\$ <u>2,450.00</u>	\$ <u>2,450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOCIAL WORKER</u> Employer <u>ANN ARBOR EDUCATIONAL FOUNDATION</u> Business Address <u>2370 E STADIUM BLVD, ANN ARBOR, MI 48104</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/03/2023</u>	
Name & Address: GEORGE TOTH 2427 CROMIE DR WARREN, MI 48092		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/04/2023</u>	
Name & Address: FRED HUEBENER 12014 CARNEY ST WARREN, MI 48089		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/04/2023</u>	
Name & Address: RANDALL SMITH 825 BUSH ST SF, CA 94108		\$ <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			

Page Subtotal 2,545.00

Grand Total of All Schedules 1A
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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/05/2023</u> Name & Address: NEIL BACHERS 3465 25TH ST. #22 SAN FRANCISCO, CA 94110		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/05/2023</u> Name & Address: ARMEEN SHROFF 54 WEBBER PL GROSSE POINTE SHORES, MI 48236		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/05/2023</u> Name & Address: CARL MARLINGA 5228 CARAWAY DR STERLING HEIGHTS, MI 48314		\$ <u>150.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED JUDGE</u> Employer <u>RETIRED JUDGE</u> Business Address <u>5228 CARAWAY DR, STERLING HEIGHTS, MI 48314</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/06/2023</u> Name & Address: KOR XIONG 13493 LOWE DR WARREN, MI 48088		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE</u> Employer <u>COREWELL HEALTH</u> Business Address <u>3601 W 13 MILE RD, ROYAL OAK, MI 48073</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 375.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/07/2023</u>	
Name & Address: LINDA KOCH 30563 RIDGEFIELD AVE WARREN, MI 48088		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/07/2023</u>	
Name & Address: PASHKO UJKAJ 38346 PHYLLIS CT STERLING HEIGHTS, MI 48312		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DODGE PARK CONEY ISLAND</u> Business Address <u>35252 DODGE PARK RD, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/07/2023</u>	
Name & Address: JAMES KOPAS 126 NEW ST MT CLEMENS, MI 48043		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/07/2023</u>	
Name & Address: KEVIN HIGGINS 28045 MAVIS DR WARREN, MI 48088		\$ <u>400.00</u>	\$ <u>650.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REALTOR</u> Employer <u>MR WONDERFUL REALTY</u> Business Address <u>28045 MAVIS DR, WARREN, MI 48088</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/07/2023</u> Name & Address: GEORGE HIGGINS 18331 BREEZEWAY FRASER, MI 48026 5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR ORGANIZER</u> Employer <u>FOR OUR FUTURE MICHIGAN</u> Business Address <u>18331 BREEZEWAY, FRASER, MI 48026</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>300.00</u>	\$ <u>300.00</u>
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/07/2023</u> Name & Address: HANY CHOULAGH 48568 AMBER LN SHELBY TWP, MI 48315 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>150.00</u>	\$ <u>150.00</u>
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/07/2023</u> Name & Address: BAIZ NABIL 25533 PALOMINO AVE WARREN, MI 48089 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MARATHON GAS</u> Business Address <u>14328 E 9 MILE RD, WARREN, MI 48089</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>200.00</u>	\$ <u>200.00</u>
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/07/2023</u> Name & Address: FRANK VOGT 31698 MOUND RD WARREN, MI 48092 5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer <u>SELF EMPLOYED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>500.00</u>	\$ <u>800.00</u>

Page Subtotal **1,150.00**

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/07/2023</u> Name & Address: HENRY YANEZ 14052 BERY DR STERLING HEIGHTS, MI 48312		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNCILMAN</u> Employer <u>CITY OF STERLING HEIGHTS</u> Business Address <u>40555 UTICA RD, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/11/2023</u> Name & Address: CAROLE BANNISTER 18877 HIGHLITE DR CLINTON TOWNSHIP, MI 48035		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/13/2023</u> Name & Address: MELODY MAGEE 25800 TIMBERLINE DR WARREN, MI 48091		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/15/2023</u> Name & Address: DANIELLE HICKS 8130 MEADOW AVE WARREN, MI 48089		\$ <u>10.00</u>	\$ <u>10.00</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 210.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/15/2023</u>	
Name & Address: RANDY HERMANN 24600 COTTAGE LN WARREN, MI 48089		\$ <u>10.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/15/2023</u>	
Name & Address: GEORGE CHAPP 4753 STILWELL DR WARREN, MI 48092		\$ <u>25.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/15/2023</u>	
Name & Address: ALEXIS HART 28030 DECLARATION DR NOVI, MI 48377		\$ <u>25.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/15/2023</u>	
Name & Address: CAROLE CHI 35325 MORAVIAN DR STERLING HEIGHTS, MI 48312		\$ <u>200.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address <u>35325 MORAVIAN DR, STERLING HEIGHTS, MI 48312</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 260.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/15/2023</u>	
Name & Address: YING VANG 17211 MARTIN RD ROSEVILLE, MI 48066		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STORE MANAGER</u> Employer <u>MEIJER</u> Business Address <u>25225 SCHOENHERR RD, WARREN, MI 48089</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/15/2023</u>	
Name & Address: KARSHIA LY 125 STATE RD RICHFIELD, NC 28137		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/16/2023</u>	
Name & Address: CHRISTINA HWANG 17914 MAPLE HILL DR NORTHVILLE, MI 48168		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MEDICAL TECH</u> Employer <u>ST MARY MERCY HOSPITAL</u> Business Address <u>36475 W FIVE MILE ROAD, LIVONIA, MI 48154</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/16/2023</u>	
Name & Address: CHRISTINA HWANG 17914 MAPLE HILL DR NORTHVILLE, MI 48168		\$ <u>150.00</u>	\$ <u>450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MEDICAL TECH</u> Employer <u>ST MARY MERCY HOSPITAL</u> Business Address <u>36475 FIVE MILE RD, LIVONIA, MI 48154</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ 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 140294
2. Committee Name CTE MAI XIONG

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/17/2023</u> Name & Address: MICHAEL SZYMANSKI 27224 HUNTINGTON DR WARREN, MI 48088		\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/17/2023</u> Name & Address: MARIE ADKINS 13742 HOBART AVE WARREN, MI 48089		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/17/2023</u> Name & Address: JONATHAN LAFFERTY 28727 CUNNINGHAM DR WARREN, MI 48092		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/18/2023</u> Name & Address: GEORGE HIGGINS 18331 BREEZEWAY FRASER, MI 48026		\$ <u>100.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SENIOR ORGANIZER</u> Employer <u>FOR OUR FUTURE MICHIGAN</u> Business Address <u>18331 BREEZEWAY, FRASER, MI 48026</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 300.00

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 140294
2. Committee Name CTE MAI XIONG

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☒ YES 4. Date of Receipt <u>09/18/2023</u> Name & Address: REALTORS POLITICAL ACTION COMMITTEE OF MICHIGAN 720 N WASHINGTON AVE LANSING, MI 48906		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/18/2023</u> Name & Address: JOCELYN HOWARD 25001 CONSTITUTION BLVD WARREN, MI 48089		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/18/2023</u> Name & Address: JERRY BURDEN 3510 BERNICE AVE WARREN, MI 48091		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/18/2023</u> Name & Address: VINCE BERDY 32252 HAWTHORNE DR WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 450.00

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

1. Committee I.D. Number 140294
2. Committee Name CTE MAI XIONG

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2023</u>	
Name & Address: HUWAIDA ARRAF 45836 EDEN DR MACOMB, MI 48044		\$ <u>50.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/20/2023</u>	
Name & Address: ALYSA DIEBOLT 23225 OAKWOOD AVE EASTPOINTE, MI 48021		\$ <u>25.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>09/20/2023</u>	
Name & Address: MICHIGAN LABORERS' POLITICAL LEAGUE 1118 CENTENNIAL WAY LANSING, MI 48917		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☒ YES	4. Date of Receipt <u>09/20/2023</u>	
Name & Address: MICHIGAN REGIONAL COUNCIL OF CARPENTERS POLITICAL ACTION COMMITTEE 11687 AMERICAN ST SUITE 200 DETROIT, MI 48204		\$ <u>5,000.00</u>	\$ <u>5,000.00</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 7,575.00

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

1. Committee I.D. Number 140294
2. Committee Name CTE MAI XIONG

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/21/2023</u> Name & Address: GARY CYNOWA 45451 FIELDING ST MACOMB, MI 48042		\$ <u>50.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/21/2023</u> Name & Address: DANIELLE HICKS 8130 MEADOW AVE WARREN, MI 48089		\$ <u>25.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/22/2023</u> Name & Address: SARA HABBO 29245 MARSHALL ST SOUTHFIELD, MI 48076		\$ <u>200.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MICHIGAN CAMPAIGNS DIRECTOR</u> Employer <u>WORKING FAMILIES PARTY</u> Business Address <u>77 SANDS ST, BROOKLYN, NY 11201</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/22/2023</u> Name & Address: MARGARET HUNTONE 8479 TOWNE CENTER CIRCLE NORTH WARREN, MI 48093		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 375.00

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

1. Committee I.D. Number 140294
2. Committee Name CTE MAI XIONG

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/24/2023</u> Name & Address: MARTHA DARLING 3340 E DOBSON PL ANN ARBOR, MI 48105		\$ <u>2,450.00</u>	\$ <u>2,450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>BOEING</u> Business Address <u>3340 E DOBSON PL, ANN ARBOR, MI 48105</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/24/2023</u> Name & Address: DOUGLAS SONG 1290 BARDSTOWN TRAIL ANN ARBOR, MI 48105		\$ <u>2,450.00</u>	\$ <u>2,450.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SOCIAL WORKER</u> Employer <u>ANN ARBOR EDUCATIONAL FOUNDATION</u> Business Address <u>2370 E STADIUM BLVD, ANN ARBOR, MI 48104</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/25/2023</u> Name & Address: JEREMY FISHER 31428 SARATOGA AVE WARREN, MI 48093		\$ <u>10.00</u>	\$ <u>70.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/25/2023</u> Name & Address: WILLIAM PHILLIPS 2280 GALE RD ANN ARBOR, MI 48105		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **5,210.00**

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

1. Committee I.D. Number 140294
2. Committee Name CTE MAI XIONG

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☒ YES 4. Date of Receipt <u>09/27/2023</u> Name & Address: PLUMBERS' LOCAL 98 STATE PACK FUND 700 TOWER DR SUITE 300 TROY, MI 48098		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/28/2023</u> Name & Address: FRIENDS OF LORIE BARNWELL 5182 CUTTY LN WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/28/2023</u> Name & Address: LORIE BARNWELL 5182 CUTTY LN WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/28/2023</u> Name & Address: RONNIE VICK SEATON CIRCUIT W WARREN, MI 48091		\$ <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 450.00

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

1. Committee I.D. Number 140294
2. Committee Name CTE MAI XIONG

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/28/2023</u> Name & Address: BAO CHANG 12519 COMMON RD WARREN, MI 48093		\$ <u>10.00</u>	\$ <u>10.00</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>10/01/2023</u> Name & Address: NANCY VERMERRIS 6947 ANITA CT FRUITPORT TWP, MI 49415		\$ <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>10/01/2023</u> Name & Address: CAROLE CHI 35325 MORAVIAN DR STERLING HEIGHTS, MI 48312		\$ <u>50.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/02/2023</u> Name & Address: ANDREW LEVIN 6015 DARRAMOOR RD BLOOMFIELD HILLS, MI 48301		\$ <u>100.00</u>	\$ <u>600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF EMPLOYED</u> Business Address <u>6015 DARRAMOOR RD, BLOOMFIELD HILLS, MI 48301</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 210.00

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

1. Committee I.D. Number 140294
2. Committee Name CTE MAI XIONG

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>10/05/2023</u>	
Name & Address: MIKE NORTHUP 31457 MARILYN DR WARREN, MI 48093		\$ <u>15.00</u>	\$ <u>15.00</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>10/06/2023</u>	
Name & Address: NIXON YANG 32146 BUNERT RD WARREN, MI 48088		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/07/2023</u>	
Name & Address: PAIGE HUYNH 31515 ROSENBUSCH DR WARREN, MI 48088		\$ <u>35.00</u>	\$ <u>35.00</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>10/08/2023</u>	
Name & Address: REALTORS POLITICAL ACTION COMMITTEE OF MICHIGAN 720 N WASHINGTON AVE LANSING, MI 48906		\$ <u>250.00</u>	\$ <u>500.00</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 400.00

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

1. Committee I.D. Number 140294
2. Committee Name CTE MAI XIONG

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>10/08/2023</u>	
Name & Address: REGISTRARS PACK LOCAL 58, IBEW 1358 ABBOTT ST DETROIT, MI 48216		\$ <u>500.00</u>	\$ <u>500.00</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>10/11/2023</u>	
Name & Address: SUNSTAR VUE 737 ONTARIO CT OMRO, WI 54963		\$ <u>120.00</u>	\$ <u>420.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HR MANAGER</u> Employer <u>AWAKE TRANSIT LLC</u> Business Address <u>ONTARIO CT, OMRO, WI 54963</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/11/2023</u>	
Name & Address: NANCY MCPHILLIPS 13636 BETH DR WARREN, MI 48088		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/11/2023</u>	
Name & Address: THOMAS CHARLIER 11275 LOZIER AVE WARREN, MI 48089		\$ <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			

Page Subtotal 665.00

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

1. Committee I.D. Number 140294
2. Committee Name CTE MAI XIONG

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>10/11/2023</u>	
Name & Address: LYNNE LUNDGREN 31737 GILBERT DR WARREN, MI 48093		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/11/2023</u>	
Name & Address: DANIELLE HICKS 8130 MEADOW AVE WARREN, MI 48089		\$ <u>15.00</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>10/12/2023</u>	
Name & Address: MICHAEL SZYMANSKI 27224 HUNTINGTON DR WARREN, MI 48088		\$ <u>50.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer <u>RETIRED</u> Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☒ YES	4. Date of Receipt <u>10/13/2023</u>	
Name & Address: SHEET METAL WORKERS LOCAL 80 POLITICAL ACTION COMMITTEE 17100 W 12 MILE RD 2ND FLOOR SOUTHFIELD, MI 48076		\$ <u>380.00</u>	\$ <u>380.00</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 470.00

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

1. Committee I.D. Number 140294
2. Committee Name CTE MAI XIONG

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>10/17/2023</u> Name & Address: <u>MI LIST CMT #511969-8</u> <u>17750 SHARON VALLEY RD</u> <u>MANCHESTER, MI 48158</u>		\$ <u>250.00</u>	\$ <u>250.00</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>10/19/2023</u> Name & Address: <u>DENZEL MCCAMPBELL</u> <u>10013 WEST PARKWAY ST.</u> <u>DETROIT, MI 48239</u>		\$ <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>10/19/2023</u> Name & Address: <u>GORDON MATTHEWS</u> <u>329 9TH ST</u> <u>ROYAL OAK, MI 48067</u>		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>SELF EMPLOYED</u> Business Address <u>1938 BURDETTE ST, FERNDAL, MI 48220</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/22/2023</u> Name & Address: <u>EMILY MELLITS</u> <u>LIMERICK LN</u> <u>WASHINGTON, MI 48095</u>		\$ <u>15.00</u>	\$ <u>15.00</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 **415.00**

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 140294
2. Committee Name CTE MAI XIONG

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>10/22/2023</u> Name & Address: GENEVIEVE VANG 28553 STEELE DR WARREN, MI 48088		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BANGKOK 96 STREET FOOD</u> Business Address <u>474 PETERBORO ST, DETROIT, MI 48201</u> 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: Click Here for Memo Itemization 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: Click Here for Memo Itemization 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: Click Here for Memo Itemization Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **500.00**

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

24,560.00

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line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140294**

CANDIDATE COMMITTEE

2. Committee Name **CTE MAI XIONG**

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? ☐ Yes Name & Address: JOE DISANO 2162 BANYON TRAIL EAST LANSING, MI 48823 If over \$100.00 cumulative, please provide: Occupation: POLITICAL CONSULTANT Employer Name & Business Address: SELF EMPLOYED 2162 BANYON TRAIL, EAST LANSING, MI 48823 ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☒ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description CONSULTING, WRITING, MAILING 5. Date Of Receipt: 09/25/2023 6. Vendor Name & Address:	\$ 3,500.00	\$ 3,500.00
Contribution # 2 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$ \$	
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: ☐ Fund Raiser Contribution	4. ☐ Endorsement or Guarantee of Bank Loan ☐ Goods Donated or Loaned ☐ Services Donated ☐ Goods or Services Purchased by Candidate or Others ☐ Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:	\$ \$	

[Click Here for Memo Itemization](#)

[Click Here for Memo Itemization](#)

Page Subtotal

3,500.00

3,500.00

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

3,500.00

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140294
2. Committee Name CTE MAI XIONG

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name BIGGBY COFFEE Address 24408 VAN DYKE AVE CENTER LINE, MI 48015 ☐ Fund Raiser	Purpose: <u>DRINKS FOR VOLUNTEERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/29/2023</u> Date	\$ <u>12.32</u>
Expenditure #2 Name USPS Address 28401 MOUND RD WARREN, MI 48090 ☐ Fund Raiser	Purpose: <u>POSTAGE STAMPS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/31/2023</u> Date	\$ <u>166.00</u>
Expenditure #3 Name ALLIED UNION SERVICES Address 240 N FENWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: <u>LAWN SIGNS AND METAL STAKES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/31/2023</u> Date	\$ <u>846.48</u>
Expenditure #4 Name ALDI Address 34030 VAN DYKE AVE STERLING HEIGHTS, MI 48312 ☐ Fund Raiser	Purpose: <u>DRINKS FOR VOLUNTEERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/05/2023</u> Date	\$ <u>43.02</u>
Expenditure #5 Name MALONE'S TAVERN Address 32350 VAN DYKE AVE WARREN, MI 48093 ☒ Fund Raiser	Purpose: <u>FOOD</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/07/2023</u> Date	\$ <u>458.26</u>

Subtotal this page

1,526.08

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

1. Committee I. D. Number 140294
2. Committee Name CTE MAI XIONG

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name US PINOY FOR GOOD GOVERNANCE Address 11922 TAHITI DR STERLING HEIGHTS, MI 48312 ☐ Fund Raiser	Purpose: <u>PROGRAM BOOK AD</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/08/2023</u> Date	\$ <u>200.00</u>
Expenditure #2 Name KIM NHUNG SUPER FOODS Address 30925 DEQUINDRE RD MADISON HEIGHTS, MI 48071 ☐ Fund Raiser	Purpose: <u>FOOD FOR VOLUNTEERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/08/2023</u> Date	\$ <u>251.86</u>
Expenditure #3 Name SAM'S CLUB Address 31020 JOHN R RD MADISON HEIGHTS, MI 48071 ☐ Fund Raiser	Purpose: <u>FOOD AND DRINKS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/09/2023</u> Date	\$ <u>121.00</u>
Expenditure #4 Name WALGREENS Address 11635 E THIRTEEN MILE RD WARREN, MI 48093 ☐ Fund Raiser	Purpose: <u>OFFICE SUPPLIES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/10/2023</u> Date	\$ <u>51.11</u>
Expenditure #5 Name ALLIED UNION SERVICES Address 240 N FENWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: <u>POSTAGE FOR BULK MAILING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/11/2023</u> Date	\$ <u>3,629.66</u>

Subtotal this page **4,253.63**
Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140294
2. Committee Name CTE MAI XIONG

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>PRINTING JOINT WALK PIECE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/14/2023</u> Date	\$ <u>381.60</u>
Expenditure #2 Name ALLIED UNION SERVICES Address 240 N FENWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: <u>PRINTING MAILER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/14/2023</u> Date	\$ <u>2,636.03</u>
Expenditure #3 Name MACOMB COUNTY DEMOCRATIC COMMITTEE Address 176 S MAIN ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: <u>MEMBERSHIP DONATION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/15/2023</u> Date	\$ <u>100.00</u>
Expenditure #4 Name KROGER Address 31200 SCHOENHERR RD WARREN, MI 48088 ☒ Fund Raiser	Purpose: <u>FOOD</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/16/2023</u> Date	\$ <u>84.74</u>
Expenditure #5 Name MI-10TH CONGRESSIONAL DISTRICT DEMOCRATIC PARTY Address PO BOX 66208 ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: <u>ICE CREAM SOCIAL DONATION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/17/2023</u> Date	\$ <u>20.00</u>

Subtotal this page **3,222.37**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140294
2. Committee Name CTE MAI XIONG

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>DONATION REFUND</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/21/2023</u> Date	\$ <u>295.50</u>
Expenditure #2 Name ALLIED UNION SERVICES Address 240 N FENWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: <u>PRINTING AND POSTAGE JOINT MAILER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/21/2023</u> Date	\$ <u>2,616.80</u>
Expenditure #3 Name PAYPAL Address 7700 EASTPORT PKWY LA VISTA, NE 68128 ☐ Fund Raiser	Purpose: <u>DIGITAL FONT DOWNLOAD</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/22/2023</u> Date	\$ <u>14.96</u>
Expenditure #4 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>PRINTING JOINT FLYER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/25/2023</u> Date	\$ <u>71.02</u>
Expenditure #5 Name AMERICAN GRAPHICS Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: <u>PRINTING COMMERCIAL SIGNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/25/2023</u> Date	\$ <u>3,570.74</u>

Subtotal this page **6,569.02**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140294
2. Committee Name CTE MAI XIONG

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name BUSCEMIS Address 27980 HOOVER RD WARREN, MI 48093 ☐ Fund Raiser	Purpose: <u>DRINKS FOR VOLUNTEERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/30/2023</u> Date	\$ <u>11.27</u>
Expenditure #2 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>SEPTEMBER ACTBLUE TRANSACTION FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/30/2023</u> Date	\$ <u>249.48</u>
Expenditure #3 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>SEPTEMBER TRANSACTION FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/30/2023</u> Date	\$ <u>178.68</u>
Expenditure #4 Name MAILERLITE INC Address 548 MARKET ST SF, CA 94104 ☐ Fund Raiser	Purpose: <u>EMAIL MARKETING</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/01/2023</u> Date	\$ <u>25.00</u>
Expenditure #5 Name HOME DEPOT Address 25879 HOOVER RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: <u>METAL STAKES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/02/2023</u> Date	\$ <u>58.14</u>

Subtotal this page **522.57**

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

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140294
2. Committee Name CTE MAI XIONG

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name KROGER Address 31200 SCHOENHERR RD WARREN, MI 48088 ☐ Fund Raiser	Purpose: <u>HALLOWEEN CANDY</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/03/2023</u> Date	\$ <u>218.58</u>
Expenditure #2 Name CM SCHOOL SUPPLY Address 4155 VAN BUREN BOULEVARD RIVERSIDE, CA 92503 ☐ Fund Raiser	Purpose: <u>PAPER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/2023</u> Date	\$ <u>37.97</u>
Expenditure #3 Name ALLIED UNION SERVICES Address 240 N FENWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: <u>PRINTING AND POSTAGE FOLDED JOINT MAILER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/2023</u> Date	\$ <u>2,793.90</u>
Expenditure #4 Name C & G NEWSPAPERS Address 13650 E ELEVEN MILE RD WARREN, MI 48089 ☐ Fund Raiser	Purpose: <u>JOINT WARREN WEEKLY AD</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/2023</u> Date	\$ <u>792.34</u>
Expenditure #5 Name TERIYAKI AND PHO Address 29114 HOOVER RD WARREN, MI 48093 ☐ Fund Raiser	Purpose: <u>LUNCH FOR VOLUNTEERS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/09/2023</u> Date	\$ <u>36.78</u>

Subtotal this page **3,879.57**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140294
2. Committee Name CTE MAI XIONG

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MEIJER Address 29505 MOUND RD WARREN, MI 48092 ☐ Fund Raiser	Purpose: <u>OFFICE SUPPLIES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/09/2023</u> Date	\$ <u>129.68</u>
Expenditure #2 Name WALMART Address 33201 VAN DYKE AVE STERLING HEIGHTS, MI 48312 ☐ Fund Raiser	Purpose: <u>OFFICE SUPPLIES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/2023</u> Date	\$ <u>64.51</u>
Expenditure #3 Name THE ORIGINAL PRINT SHOPPE Address 270 S TELEGRAPH RD PONTIAC, MI 48341 ☐ Fund Raiser	Purpose: <u>PRINTING TSHIRTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/11/2023</u> Date	\$ <u>404.28</u>
Expenditure #4 Name TARGET Address 2400 S TELEGRAPH RD BLOOMFIELD HILLS, MI 48302 ☐ Fund Raiser	Purpose: <u>HALLOWEEN CANDY</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/12/2023</u> Date	\$ <u>70.97</u>
Expenditure #5 Name ALLIED UNION SERVICES Address 240 N FENWAY DR FENTON, MI 48430 ☐ Fund Raiser	Purpose: <u>PRINTING AND POSTAGE FOLDED MAILER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/13/2023</u> Date	\$ <u>5,522.74</u>

Subtotal this page **6,192.18**

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

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number **140294**
2. Committee Name **CTE MAI XIONG**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name SPEEDWAY Address 32123 VAN DYKE AVE WARREN, MI 48092 ☐ Fund Raiser	Purpose: DRINKS FOR VOLUNTEERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/14/2023 Date	\$ 20.71
Expenditure #2 Name AMERICAN GRAPHICS Address 34895 GROESBECK HWY CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: LAWN SIGNS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/14/2023 Date	\$ 738.47
Expenditure #3 Name MICHAELS STORES Address 32471 SOUTHBOUND GRATIOT AVE ROSEVILLE, MI 48066 ☐ Fund Raiser	Purpose: CRAFT SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/16/2023 Date	\$ 32.09
Expenditure #4 Name JERRY & JOANS GAZEBO Address 31104 MOUND RD WARREN, MI 48092 ☐ Fund Raiser	Purpose: HALL RENTAL DEPOSIT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/18/2023 Date	\$ 360.50
Expenditure #5 Name THEOS FAMILY RESTAURANT Address 11747 E THIRTEEN MILE RD WARREN, MI 48093 ☐ Fund Raiser	Purpose: FOOD FOR VOLUNTEERS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/22/2023 Date	\$ 20.26

Subtotal this page

1,172.03

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

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140294
2. Committee Name CTE MAI XIONG

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name STRIPE Address 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080 ☐ Fund Raiser	Purpose: <u>OCTOBER ACTBLUE TRANSACTION FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/22/2023</u> Date	\$ <u>22.71</u>
Expenditure #2 Name ACTBLUE Address 366 SUMMER ST SOMERVILLE, MA 02144 ☐ Fund Raiser	Purpose: <u>OCTOBER TRANSACTION FEES</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/22/2023</u> Date	\$ <u>13.00</u>
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
	Click Here for Memo Itemization Type		
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
	Click Here for Memo Itemization Type		
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
	Click Here for Memo Itemization Type		

Subtotal this page	35.71
Grand Total of all Schedules 1B (Complete on last page of Schedule)	27,373.16

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**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140294
2. Committee Name CTE MAI XIONG

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>09/07/2023</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>25</u>	5. Type of Fund Raising Activity <u>DINNER</u>	6. Address and Name (If any) of the place where the activity was held. <u>MALONE'S TAVERN</u> <u>32350 VAN DYKE AVE</u> ☐ <u>WARREN, MI 48093</u> Private Residence
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7. Total Contributions 4,665.00
8. Other Receipts 0.00
9. Gross Receipts (Add lines 7 and 8) 4,665.00
10. Total Cost of Event 358.26
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **140294**
2. Committee Name **CTE MAI XIONG**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 09/16/2023	4. Number of Individuals Attending or Participating (whichever is greater) 15	5. Type of Fund Raising Activity HOUSE FUNDRAISER	6. Address and Name (If any) of the place where the activity was held. BERDY RESIDENCE 32252 HAWTHORNE DR WARREN, MI 48092 ☒ Private Residence
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7. Total Contributions **950.00**
8. Other Receipts **0.00**
9. Gross Receipts (Add lines 7 and 8) **950.00**
10. Total Cost of Event **84.74**
(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.