



FILED

27 OCT 2023 PM 03:43

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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**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

140266

4. Candidate Last Name First Name M.I.

ADKINS MARIE C

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

COUNCIL AT LARGE, WARREN

2. Committee Name

FRIENDS OF MARIE ADKINS

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

5. Committee's Mailing Address

**13742 HOBART AVENUE
WARREN, MI 48089**

6. Treasurer's Name & Residential Address

**MARIE C ADKINS
13742 HOBART AVENUE
WARREN, MI 48089**

Area Code and Phone (586) 823-6353
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) 823-6353

7. Treasurer's Business Address

**13742 HOBART AVENUE
WARREN, MI 48089**

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

**MAE CHRISTELLE R CAGALINGAN
28023 LOS OLAS DRIVE
WARREN, MI 48093**

Area Code and Phone (586) 823-6353

Area Code and Phone (586) 480-0115

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

10/27/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/27/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140266

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name FRIENDS OF MARIE ADKINS

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>18,300.37</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>18,300.37</u>	(18.) \$ <u>35,400.37</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>18,300.37</u>	(20.) \$ <u>35,400.37</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>14,173.54</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>14,173.54</u>	(23.) \$ <u>30,221.10</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>12,945.00</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>1,052.44</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>18,300.37</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>19,352.81</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>14,173.54</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>5,179.27</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140266
2. Committee Name FRIENDS OF MARIE ADKINS

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: LORNA BUTALON-GRIMES 17752 GLEN HOLLOW WAY RIVERSIDE, CA 92504		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/29/2023</u>	
Name & Address: CHARLES CONOPIO 341 CORSO LOOP WINTER HAVEN, FL 33884		\$ <u>50.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REGISTERED NURSE</u> Employer <u>DAVITA</u> Business Address <u>7220 CYPRESS GARDENS BLVD, WINTER HAVEN, FL 33884</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/29/2023</u>	
Name & Address: BRITTNEY ELLIOTT 2893 HARRISON AVE APT 4 CINCINNATI, OH 45211		\$ <u>10.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/29/2023</u>	
Name & Address: JUDE RODRIGUEZ P.O. BOX 181032 UTICA, MI 48318		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CLERK</u> Employer <u>USPS</u> Business Address <u>711 N GLENWOOD AVE, PONTIAC, MI 48340</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 210.00

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

Enter this total on
line 3a of Summary
Page.



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1. Committee I.D. Number 140266
2. Committee Name FRIENDS OF MARIE ADKINS

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: JIM RODRIGUEZ 19110 EMERALD DR BROOKFIELD, WI 53045		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/29/2023</u> Name & Address: CHRISTINE POLANCO 1290 SHAKER ST TROY, MI 48083		\$ <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>08/29/2023</u> Name & Address: KENNETH MONTERROYO 415 DOISY LN CHAMPAIGN, IL 61822		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF-EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>08/29/2023</u> Name & Address: BRANDON RODRIGUEZ 14065 SHADYWOOD DR APT 140 PLYMOUTH, MI 48170		\$ <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			

Page Subtotal 250.00

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 140266
2. Committee Name FRIENDS OF MARIE ADKINS

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: KIMBERLY WAWRZYNIAK 4979 SW 91ST TERRACE COOPER CITY, FL 33328		\$ <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>08/29/2023</u>	
Name & Address: EDWARD MARIA ABAD 2704 BRENTWOOD DR LANCASTER, CA 93536		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/29/2023</u>	
Name & Address: MANDY WAWRZYNIAK 2757 W BLOOMFIELD OAKS DR WEST BLOOMFIELD TOWNSHIP, MI 48324		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> 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: MIA NIPAY 932 WILLOWLEAF DR APT 501 SAN JOSE, CA 95128		\$ <u>50.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE PRACTITIONER</u> Employer <u>WCSI</u> Business Address <u>900 LAFAYETTE ST, UNIT 105, SANTA CLARA, CA 95050</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 275.00

Grand Total of All Schedules 1A
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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>1,000.00</u>	\$ <u>1,000.00</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, BOX 120, 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>09/05/2023</u>	
Name & Address: MINDY MOORE 11530 SHORT DR WARREN, MI 48093		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COURT REPORTER</u> Employer <u>FREELANCE REPORTERS INC</u> Business Address <u>11530 SHORT DR, WARREN, MI 48093</u> 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: LOUIEANN GERHART 49656 GOLDEN PARK DR SHELBY TWP, MI 48315		\$ <u>50.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE</u> Employer <u>HENRY FORD HOSPITAL - MACOMB</u> Business Address <u>15855 19 MILE RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/05/2023</u>	
Name & Address: JACKY WAWRZYNIAK 30799 CREST FOREST FARMINGTON HILLS, MI 48331		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **1,450.00**

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2023</u>	
Name & Address: PETE SUTLIFF 3957 BERKSHIRE AVE WARREN, MI 48091		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROFESSOR</u> Employer <u>WCCCD</u> Business Address <u>3957 BERKSHIRE AVE, WARREN, MI 48091</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2023</u>	
Name & Address: GEORGE CHAPP 4753 STILWELL 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>09/09/2023</u>	
Name & Address: MARK LISS 426 9TH ST ROYAL OAK, MI 48067		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2023</u>	
Name & Address: MARC CAGALINGAN 28023 LOS OLAS DR WARREN, MI 48093		\$ <u>150.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REGISTERED NURSE</u> Employer <u>HENRY FORD HEALTH SYSTEMS</u> Business Address <u>19401 HUBBARD DR, DEARBORN, MI 48126</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 350.00

Grand Total of All Schedules 1A
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2023</u>	
Name & Address: CHRISTINA BERTRAND 4817 LA CHENE DR WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>WASHTENAW COUNTU PROSECUTOR'S OFFICE</u> Business Address <u>200 N MAIN ST, 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>09/09/2023</u>	
Name & Address: ANGELA ROGENSUES 13254 COMMON RD WARREN, MI 48088		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2023</u>	
Name & Address: VICTOR ABREU 2876 WALSH DR ROCHESTER HILLS, MI 48309		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>GM</u> Business Address <u>GM TECH CENTER RD, WARREN, MI</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2023</u>	
Name & Address: RYAN HEWARD PO BOX 41583 MESA, AZ 85274		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REAL ESTATE</u> Employer <u>GOLDEN KEY REAL ESTATE</u> Business Address <u>305 E MAPLE RD, TROY, MI 48083</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 400.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2023</u>	
Name & Address: MOHAMMED ISLAM 34461 RICHARD O DR STERLING HEIGHTS, MI 48310		\$ <u>50.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REGISTERED NURSE</u> Employer <u>COREWELL HEALTH</u> Business Address <u>18101 OAKWOOD BLVD, DEARBORN, MI 48124</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2023</u>	
Name & Address: JEFFREY SCHRODER 1592 E LINCOLN ST BIRMINGHAM, MI 48009		\$ <u>250.00</u>	\$ <u>750.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>PLUNKETT COONEY</u> Business Address <u>1592 E LINCOLN ST, BIRMINGHAM, MI 48009</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/09/2023</u>	
Name & Address: CHARMINE RIPARIP 21203 RIVER RD GROSSE POINTE WOODS, MI 48236		\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☒ YES	4. Date of Receipt <u>09/11/2023</u>	
Name & Address: SHEET METAL WORKERS LOCAL 80 17100 W 12 MILE RD 2ND FLOOR SOUTHFIELD, MI 48076		\$ <u>280.00</u>	\$ <u>280.00</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 **680.00**

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

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/12/2023</u>	
Name & Address: MONA MANDAP 30507 ALGER ST MADISON HEIGHTS, MI 48071		\$ <u>50.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PHLEBOTOMIST</u> Employer <u>LABCORP</u> Business Address <u>3358 MELVIN AVE, ROCHESTER HILLS, MI 48307</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/13/2023</u>	
Name & Address: SHEILA ELLIOTT 300 FOLIAGE LN SPRINGBORO, OH 45066		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/14/2023</u>	
Name & Address: JONATHAN LAFFERTY 28727 CUNNINGHAM DR WARREN, MI 48092		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNCIL MEMBER</u> Employer <u>CITY OF WARREN</u> Business Address <u>28727 CUNNINGHAM DR, WARREN, MI 48092</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/14/2023</u>	
Name & Address: LORI STONE 27582 EVELYN AVE WARREN, MI 48093		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STATE REPRESENTATIVE</u> Employer <u>MICHIGAN HOUSE OF REPRESENTATIVES</u> Business Address <u>PO BOX 30014, Lansing, MI 48909</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **350.00**

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

1. Committee I.D. Number 140266
2. Committee Name FRIENDS OF MARIE ADKINS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/14/2023</u>	
Name & Address: DIANE YOUNG 13250 IRVINGTON DR WARREN, MI 48088		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/14/2023</u>	
Name & Address: MARIE C ADKINS 13742 HOBART AVE WARREN, MI 48089		\$ <u>35.37</u>	\$ <u>35.37</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: GEORGE HIGGINS 28045 MAVIS DR WARREN, MI 48088		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/18/2023</u>	
Name & Address: MARIE C ADKINS 13742 HOBART AVE WARREN, MI 48089		\$ <u>100.00</u>	\$ <u>135.37</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REGISTERED NURSE</u> Employer <u>HENRY FORD HEALTH SYSTEMS</u> Business Address <u>19401 HUBBARD DR, DEARBORN, MI 48126</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 260.37

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140266
2. Committee Name FRIENDS OF MARIE ADKINS

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>09/19/2023</u>	
Name & Address: MICHIGAN REGIONAL COUNCIL OF CARPENTERS 11687 AMERICAN ST STE 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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/21/2023</u>	
Name & Address: CINDY RIPARIP 1194 PLAYER DR TROY, MI 48085		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>09/21/2023</u>	
Name & Address: IUPAT POLITICAL ACTION TOGETHER POLITICAL COMMITTEE 7234 PARKWAY DR S HANOVER, MD 21076		\$ <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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/22/2023</u>	
Name & Address: MARGARET HUNTONE 8479 TOWNE CENTER CIR NORTH WARREN, MI 48093		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 5,450.00

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 140266
2. Committee Name FRIENDS OF MARIE ADKINS

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>09/23/2023</u>	
Name & Address: JON CARR 1211 CRONK RD HILLSDALE, MI 49242		\$ <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>09/24/2023</u>	
Name & Address: HENRY NEWNAN 27156 GAIL 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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/26/2023</u>	
Name & Address: HENRY YANEZ 14052 BERY DR STERLING HEIGHTS, MI 48312		\$ <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>09/26/2023</u>	
Name & Address: MICHAEL FISHER 2800 PLYMOUTH ST MIDLAND, MI 48642		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRODUCT BUSINESS AND PROPERTY DEVELOPMENT</u> Employer <u>OVERGROW</u> Business Address <u>405 W GREENLAWN AVE, LANSING, MI 48910</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 225.00

Grand Total of All Schedules 1A
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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140266
2. Committee Name FRIENDS OF MARIE ADKINS

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: 314 ACTION VICTORY FUND PO BOX 14560 WASHINGTON, DC 20044		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/29/2023</u>	
Name & Address: MARIE C ADKINS 13742 HOBART AVE WARREN, MI 48089		\$ <u>5,000.00</u>	\$ <u>5,135.37</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>REGISTERED NURSE</u> Employer <u>HENRY FORD HEALTH SYSTEMS</u> Business Address <u>19401 HUBBARD DR, DEARBORN, MI 48126</u> Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/30/2023</u>	
Name & Address: JESSIE COLLINS 1222 HARVARD RD GROSSE POINTE, MI 48230		\$ <u>50.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TRIM TECHNICIAN</u> Employer <u>GIS</u> Business Address <u>47151 CARTIER CT, WIXOM, MI 48393</u> 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: KRYSTAL ELLIOT 12611 CHELSEA AVE DETROIT, MI 48213		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>QUALITY INSPECTOR</u> Employer <u>CHRYSLER</u> Business Address <u>2101 CONNER ST, DETROIT, MI 48215</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

6,150.00

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

1. Committee I.D. Number 140266
2. Committee Name FRIENDS OF MARIE ADKINS

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>10/10/2023</u>	
Name & Address: ANIL KUMAR 1556 BARTLEY LN BLOOMFIELD HILLS, MI 48304		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☒ YES	4. Date of Receipt <u>10/10/2023</u>	
Name & Address: REGISTRARS PAC LOCAL 58 IBEW 1358 ABBOTT ST DETROIT, MI 48216		\$ <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 # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/10/2023</u>	
Name & Address: VINCE BERDY 32252 HAWTHORNE DR WARREN, MI 48092		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGER</u> Employer <u>HEXAGON</u> Business Address <u>46444 HEXAGON WAY, NOVI, MI 48377</u> 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: WILMAR SUAN 3637 DEVONSHIRE ST STERLING HEIGHTS, MI 48310		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>SUAN CPA</u> Business Address <u>3637 DEVONSHIRE ST, STERLING HEIGHTS, MI 48310</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal 900.00

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 140266
2. Committee Name FRIENDS OF MARIE ADKINS

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>10/19/2023</u>	
Name & Address: REBECCA TUNGOL 19630 MIDDLESEX AVE SOUTHFIELD, MI 48076		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> 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: CORAZON GABARDA 6956 FOREST PARK CT TROY, MI 48098		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☒ YES	4. Date of Receipt <u>10/20/2023</u>	
Name & Address: LABORERS LOCAL 1191 2161 W GRAND BLVD DETROIT, MI 48208		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2023</u>	
Name & Address: LISA GRIFFIN 27351 GAIL 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			

Page Subtotal **1,225.00**

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

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line 3a of Summary
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140266
2. Committee Name FRIENDS OF MARIE ADKINS

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: JEFFREY ELEONOR JENKS 13361 LUDLOW AVE HUNTINGTON WOODS, MI 48070		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/22/2023</u>	
Name & Address: JOEVELYN QUITORIANO-HALL 850 STEPHENSON HWY STE 214 TROY, MI 48083		\$ <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 _____	
Name & Address:		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt _____	
Name & Address:		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal **125.00**

Grand Total of All Schedules 1A
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18,300.37

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number **140266**
2. Committee Name **FRIENDS OF MARIE ADKINS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MAE CAGALINGAN Address 28023 LOS OLAS DR WARREN, MI 48093 ☐ Fund Raiser	Purpose: CANVASSER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/29/2023 Date	\$ 140.00
Expenditure #2 Name MARC CAGALINGAN Address 28023 LOS OLAS DR WARREN, MI 48093 ☐ Fund Raiser	Purpose: FOOD/DRINKS FOR FUNDRAISER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	08/29/2023 Date	\$ 100.00
Expenditure #3 Name MARC CAGALINGAN Address 28023 LOS OLAS DR WARREN, MI 48093 ☐ Fund Raiser	Purpose: STAMPS AND MAIL EXPENSES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/01/2023 Date	\$ 37.14
Expenditure #4 Name MACOMB COUNTY Address 32 MARKET ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: CFR LATE FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/14/2023 Date	\$ 50.00
Expenditure #5 Name NCNW MACOMB CHAPTER Address 155 S MAIN ST MT CLEMENS, MI 48043 ☐ Fund Raiser	Purpose: DONATION NO POLITICAL PURPOSE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/19/2023 Date	\$ 100.00

Subtotal this page

427.14

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

1. Committee I. D. Number **140266**
2. Committee Name **FRIENDS OF MARIE ADKINS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MAE CAGALINGAN Address 28023 LOS OLAS DR WARREN, MI 48093 ☒ Fund Raiser	Purpose: FOOD FOR FUNDRAISER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/21/2023 Date	\$ 69.94
Expenditure #2 Name MAE CAGALINGAN Address 28023 LOS OLAS DR WARREN, MI 48093 ☐ Fund Raiser	Purpose: PAPER/SUPPLIES ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/21/2023 Date	\$ 4.00
Expenditure #3 Name MICHIGAN DEMOCRATIC PARTY Address 606 TOWNSEND ST LANSING, MI 48933 ☐ Fund Raiser	Purpose: VAN CANVASS APP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/21/2023 Date	\$ 750.00
Expenditure #4 Name VOTE FOR CHANGE LLC Address 32252 HAWTHORNE DR WARREN, MI 48092 ☐ Fund Raiser	Purpose: CANVASSING/PAYMENT ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/26/2023 Date	\$ 1,000.00
Expenditure #5 Name MASS MAILING LLC Address 35468 MOUND RD STERLING HEIGHTS, MI 48310 ☐ Fund Raiser	Purpose: PRINTING AND MAILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/29/2023 Date	\$ 10,128.00

Subtotal this page **11,951.94**

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

1. Committee I. D. Number **140266**
2. Committee Name **FRIENDS OF MARIE ADKINS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MAE CAGALINGAN Address 28023 LOS OLAS DR WARREN, MI 48093 ☐ Fund Raiser	Purpose: CANVASS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	09/30/2023 Date	\$ 100.00
Expenditure #2 Name DUNLOP HOLDINGS LLC Address PO BOX 2098 ROYAL OAK, MI 48068 ☐ Fund Raiser	Purpose: GRAPHIC DESIGN FEE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/02/2023 Date	\$ 341.25
Expenditure #3 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: SOCIAL MEDIA ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/02/2023 Date	\$ 4.04
Expenditure #4 Name MAE CAGALINGAN Address 28023 LOS OLAS DR WARREN, MI 48093 ☐ Fund Raiser	Purpose: FOOD FOR CANVASSER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/16/2023 Date	\$ 68.37
Expenditure #5 Name STEINERS MEAT MARKET Address 3691 TWELVE MILE RD WARREN, MI 48092 ☐ Fund Raiser	Purpose: FOOD FOR FUNDRAISER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/16/2023 Date	\$ 133.11

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646.77

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

1. Committee I. D. Number 140266
2. Committee Name FRIENDS OF MARIE ADKINS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MAE CAGALINGAN Address 28023 LOS OLAS DR WARREN, MI 48093 ☐ Fund Raiser	Purpose: CANVASSER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/16/2023 Date	\$ 72.00
Expenditure #2 Name FACEBOOK Address 1 HACKER WAY MENLO PARK, CA 94025 ☐ Fund Raiser	Purpose: SOCIAL MEDIA ADS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/18/2023 Date	\$ 75.00
Expenditure #3 Name MAE CAGALINGAN Address 28023 LOS OLAS DR WARREN, MI 48093 ☐ Fund Raiser	Purpose: CANVASSER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/22/2023 Date	\$ 300.00
Expenditure #4 Name USP4GG Address 11922 TAHITI DR STERLING HEIGHTS, MI 48312 ☐ Fund Raiser	Purpose: TICKETS NO POLITICAL PURPOSE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/22/2023 Date	\$ 250.00
Expenditure #5 Name AMAZON Address 410 TERRY AVE N SEATTLE, WA 98109 ☐ Fund Raiser	Purpose: CAMPAIGN MATERIALS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10/22/2023 Date	\$ 150.69

Subtotal this page

847.69

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

1. Committee I. D. Number 140266
2. Committee Name FRIENDS OF MARIE ADKINS

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name MAE CAGALINGAN Address 28023 LOS OLAS DR WARREN, MI 48093 ☐ Fund Raiser	Purpose: <u>CANVASSER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/22/2023</u> Date	\$ <u>300.00</u>
Expenditure #2 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 #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			300.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)			14,173.54

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140266
2. Committee Name FRIENDS OF MARIE ADKINS

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: MARIE C ADKINS 13742 HOBART AVE WARREN, MI 48089	4. Type: <u>LOAN TO SELF</u> 5. <u>Date Debt Was Incurred:</u> <u>03/31/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>7,945.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>7,945.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				
Debt #2 Corp? ☐ Yes Owed to or by: MARIE C ADKINS 13742 HOBART AVE WARREN, MI 48089	4. Type: <u>LOAN TO SELF</u> 5. <u>Date Debt Was Incurred:</u> <u>09/29/2023</u> 6. <u>Original Amount of Debt:</u> \$ <u>5,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>5,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

12,945.00

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

12,945.00

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

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