



FILED

25 OCT 2023 PM 08:45

MACOMB COUNTY CLERK
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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

140305

4. Candidate Last Name

First Name

M.I.

DWYER

DAVID

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

COUNCIL AT LARGE, WARREN

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

2. Committee Name

CTE DAVID DWYER

5. Committee's Mailing Address

**P O BOX 855
WARREN, MI 48090**

6. Treasurer's Name & Residential Address

**PEGGYANN DWYER
29529 CUNNINGHAM DRIVE
WARREN, MI 48092**

Area Code and Phone (586) 665-0705

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) 524-4488

7. Treasurer's Business Address

**29529 CUNNINGHAM DRIVE
WARREN, MI 48092**

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

Area Code and Phone (586) 524-4488

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

10/25/2023

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/25/2023



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140305

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE DAVID DWYER

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>6,050.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>6,050.00</u>	(18.) \$ <u>19,750.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>6,050.00</u>	(20.) \$ <u>19,750.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>3,332.00</u>	(21.) \$ <u>3,332.00</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>6,821.98</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>6,821.98</u>	(23.) \$ <u>20,447.23</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>9,900.00</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>74.75</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>6,050.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>6,124.75</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>6,821.98</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>-697.23</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140305
2. Committee Name CTE DAVID DWYER

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>09/12/2023</u> Name & Address: PATRICK WILSON 23509 JOHN R RD HAZEL PARK, MI 48030 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>W.W. & M</u> Business Address <u>23509 JOHN R RD, HAZEL PARK, MI 48030</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250.00</u>	\$ <u>250.00</u>
		Memo Itemization Below	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/12/2023</u> Name & Address: NICHOLAS LAVDAS 6700 BORDMAN RD BRUCE TOWNSHIP, MI 48065 5. If over \$100.00 cumulative, please provide: Occupation <u>JEWELER</u> Employer <u>LAVDAS</u> Business Address <u>3671 EAST 12 MILE ROAD, Warren, MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>250.00</u>	\$ <u>250.00</u>
		Memo Itemization Below	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/12/2023</u> Name & Address: MONTE ABDULNOOR 6958 GOLDEN CT WEST BLOOMFIELD TOWNSHIP, MI 48322 5. If over \$100.00 cumulative, please provide: Occupation <u>ENTREPRENEUR</u> Employer <u>SELF EMPLOYED</u> Business Address <u>THRIVE HOSPITALITY GROUP, 7447 CONVENTION BLVD, Warren, MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>
		Memo Itemization Below	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/12/2023</u> Name & Address: IHSAM ASMAR 4067 FARNUM INKSTER, MI 48141 5. If over \$100.00 cumulative, please provide: Occupation <u>VICE PRESIDENT</u> Employer <u>THRIVE HOSPITALITY GROUP</u> Business Address <u>7447 CONVENTION BLVD, WARREN, MI 48092</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		\$ <u>500.00</u>	\$ <u>500.00</u>
		Memo Itemization Below	

Page Subtotal **1,500.00**

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 140305
2. Committee Name CTE DAVID DWYER

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>09/12/2023</u>	
Name & Address: ABE MANSOUR 13760 EAST 12 MILE ROAD WARREN, MI 48088		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>ABE'S PHARMACY LLC</u> Business Address <u>13760 TWELVE MILE RD, WARREN, MI 48088</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Memo Itemization Below	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/12/2023</u>	
Name & Address: STUART RADAR 32770 GRAND RIVER SUITE B FARMINGTON, MI 48336		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL ADVISOR</u> Employer <u>STUART RADAR POD/CHFC</u> Business Address <u>32770 GRAND RIVER AVE, SUITE B, FARMINGTON, MI 48336</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Memo Itemization Below	
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/12/2023</u>	
Name & Address: DANIEL CIESIELSKI 72680 POND VIEW DR STERLING HEIGHTS, MI 48314		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED HR DIRECTOR</u> Employer <u>NOT EMPLOYED</u> Business Address <u>72680 POND VIEW DR, STERLING HEIGHTS, MI 48314</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Memo Itemization Below	
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/12/2023</u>	
Name & Address: HABIB MAMOU 313 E HUDSON AVE ROYAL OAK, MI 48067		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT & CEO</u> Employer <u>ROYAL OAK RECYCLING</u> Business Address <u>313 E HUDSON AVE, ROYAL OAK, MI 48067</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Memo Itemization Below	

Page Subtotal **1,450.00**

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 140305
2. Committee Name CTE DAVID DWYER

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>09/12/2023</u> Name & Address: RABAH KIRMA 30024 GLADSTONE ST FARMINGTON HILLS, MI 48334		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>CK FRUIT AND BAKERY</u> Business Address <u>30160 JOHN R RD, MADISON HEIGHTS, MI 48071</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Memo Itemization Below	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/12/2023</u> Name & Address: SUZETTE CHAIKEN 38065 LANTERN HILL CT FARMINGTON HILLS, MI 48331		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FINANCIAL ADVISOR</u> Employer <u>ADVANCED AMERICAN BUSINESS SOLUTIONS</u> Business Address <u>27333 MEADOWBROOK RD, NOVI, MI 48377</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Memo Itemization Below	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/12/2023</u> Name & Address: ALPHANSO WALLACE 1231 ST ANTOINE DETROIT, MI 48226		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SHERIFF DEPUTY</u> Employer <u>WAYNE COUNTY</u> Business Address <u>1231 ST ANTOINE, DETROIT, MI 48226</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Memo Itemization Below	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/12/2023</u> Name & Address: HASSEN CHARARA 25135 NEWTON ST DEARBORN, MI 48124		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>WARREN QUICK LUBE INC</u> Business Address <u>20835 VAN DYKE AVE, WARREN, MI 48089</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser		Memo Itemization Below	

Page Subtotal 2,250.00

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 140305
2. Committee Name CTE DAVID DWYER

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>09/12/2023</u>	
Name & Address: STEPHEN MEADS 1730 CEDAR HILL DR BLOOMFIELD HILLS, MI 48301		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>ROSATI, SHULTZ, JOPPICH & AMTSBEUCHLER PC</u> Business Address <u>27555 EXECUTIVE DR, FARMINGTON HILLS, MI 48331</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/12/2023</u>	
Name & Address: EDDIE ZEER 29426 NORTHWESTERN HWY SOUTHFIELD, MI 48034		\$ <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		Memo Itemization Below	
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/12/2023</u>	
Name & Address: HIKMAT ZEER PO BOX 252683 WEST BLOOMFIELD, MI 48325		\$ <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		Memo Itemization Below	
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/12/2023</u>	
Name & Address: JOHN CHMURA 11558 VENTURA DR 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		Memo Itemization Below	

Page Subtotal 550.00

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 140305
2. Committee Name CTE DAVID DWYER

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

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

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 09/12/2023
Name & Address:
FREDERICK SHARP
7150 PEBBLE PARK DR
WEST BLOOMFIELD TOWNSHIP, MI 48322

\$ 100.00

\$ 100.00

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

Memo Itemization Below

Occupation _____ Employer _____

Business Address _____

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 09/12/2023
Name & Address:
DERRICK GEORGE
444 S WASHINGTON AVE
ROYAL OAK, MI 48067

\$ 100.00

\$ 100.00

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

Memo Itemization Below

Occupation _____ Employer _____

Business Address _____

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 09/12/2023
Name & Address:
SAMIR DAHER
3848 E THIRTEEN MILE RD
WARREN, MI 48092

\$ 100.00

\$ 100.00

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

Memo Itemization Below

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 **300.00**

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

6,050.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number **140305**

CANDIDATE COMMITTEE

2. Committee Name **CTE DAVID DWYER**

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: MARK ZARKIN 27925 GOLF POINTE BLVD FARMINGTON HILLS, MI 48331 If over \$100.00 cumulative, please provide: Occupation: BUSINESS OWNER Employer Name & Business Address: LELLIS ON THE GREEN, LLC 27925 GOLF POINTE BLVD, FARMINGTON HILLS, MI 48331 ☒ 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 <u>FOOD AND BANQUET ROOM FOR FUNDRAISER</u> 5. Date Of Receipt: <u>09/12/2023</u> 6. Vendor Name & Address: LELLIS ON THE GREEN 27925 GOLF POINTE BLVD, FARMINGTON HILLS, MI 48331 Memo Itemization Below	\$ 1,300.00	\$ 1,300.00
Contribution # 2 PAC Receipt? ☒ Yes Name & Address: MACOMB BUSINESS UNITED 32068 MARGARET CT WARREN, MI 48093 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	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 <u>WARREN WEEKLY ELECTION NEWS ADVERTISEMENT</u> 5. Date Of Receipt: <u>09/12/2023</u> 6. Vendor Name & Address: C & G NEWSPAPERS 13650 E ELEVEN MILE RD, WARREN, MI 48089 Memo Itemization Below	\$ 2,032.00	\$ 2,032.00
Contribution #3 PAC Receipt? ☐ Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	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	\$ _____	\$ _____
☐ Fund Raiser Contribution			

Page Subtotal **3,332.00** **3,332.00**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **3,332.00**

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140305
2. Committee Name CTE DAVID DWYER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name COPY COPY CENTER Address 5371 EAST 12 MILE ROAD WARREN, MI 48092 ☐ Fund Raiser	Purpose: <u>PRINTED LITERATURE</u> Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/20/2023</u> Date	\$ <u>6,034.71</u>
Expenditure #2 Name ON THE ROCKS DETROIT Address 1112 FORESTDALE RD ROYAL OAK, MI 48067 ☐ Fund Raiser	Purpose: <u>CAMPAIGN MAILER DESIGN SERVICES</u> Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/21/2023</u> Date	\$ <u>250.00</u>
Expenditure #3 Name COPY COPY CENTER Address 5371 EAST 12 MILE ROAD WARREN, MI 48092 ☐ Fund Raiser	Purpose: <u>PRINTED LITERATURE</u> Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/13/2023</u> Date	\$ <u>263.94</u>
Expenditure #4 Name COPY COPY CENTER Address 5371 EAST 12 MILE ROAD WARREN, MI 48092 ☐ Fund Raiser	Purpose: <u>PRINTED LITERATURE</u> Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/2023</u> Date	\$ <u>23.33</u>
Expenditure #5 Name COPY COPY CENTER Address 5371 EAST 12 MILE ROAD WARREN, MI 48092 ☐ Fund Raiser	Purpose: <u>PRINTED LITERATURE</u> Memo Itemization Below ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/20/2023</u> Date	\$ <u>250.00</u>

Subtotal this page	6,821.98
Grand Total of all Schedules 1B (Complete on last page of Schedule)	6,821.98

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140305
2. Committee Name CTE DAVID DWYER

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: DAVID DWYER 29529 CUNNINGHAM DR WARREN, MI 48092	4. Type: <u>LOAN TO COMMITTEE</u> 5. <u>Date Debt Was Incurred:</u> <u>05/05/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 100.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>100.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: DAVID DWYER 29529 CUNNINGHAM DR WARREN, MI 48092	4. Type: <u>LOAN TO COMMITTEE</u> 5. <u>Date Debt Was Incurred:</u> <u>06/28/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 300.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>300.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: DAVID DWYER 29529 CUNNINGHAM DR WARREN, MI 48092	4. Type: <u>LOAN TO COMMITTEE</u> 5. <u>Date Debt Was Incurred:</u> <u>07/12/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 8,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>8,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

8,400.00

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

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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140305
2. Committee Name CTE DAVID DWYER

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 endorsers 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: DAVID DWYER 29529 CUNNINGHAM DR. WARREN, MI 48092	4. Type: <u>CASH DEPOSIT</u> 5. <u>Date Debt Was Incurred:</u> <u>08/23/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 300.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>300.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: DAVE DWYER 29529 CUNNINGHAM DR WARREN, MI 48092	4. Type: <u>LOAN TO COMMITTEE</u> 5. <u>Date Debt Was Incurred:</u> <u>09/26/2023</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,200.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,200.00</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)

1,500.00

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

9,900.00

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.